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ABSTRACT

This report presents findings from the evaluation of the Regional Adoption Program in New York, a program designed to recruit adoptive families for hard-to-place children. Two hundred children averaging 11 years in age constituted the project's target population. Nearly half these children had a diagnosed medical problem, one fourth a diagnosed psychological problem, and more than half a caseworker-noted behavioral problem. Of the 108 families initially recruited, 61 continued on to a second group session in which background information relevant to adoption of such children was provided. Data from the analysis of the project children are compared with data from the target population of Operation Placement, a similar demonstration project in another geographic area. The relationships between medical, psychological or behavior problem conditions noted in the children and their length of time in foster care, their placement likelihood, and placement disruptions are examined. The effects of the children's sex and race on placement likelihood is also examined. Data for project-recruited families are compared to data for families who had been approved as potential adoptive families by the agency prior to the inception of the Regional Adoption Program. The two family groups are compared on: (1) age, (2) education, (3) income, (4) whether both parents work, (5) whether they already had children, and (6) how many were matched with an adoptive child. The mode of publicity most effective in recruiting project families is also examined. Evaluation and program barriers are described and the feasibility of replicating the project is discussed. (CM)

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Evaluation of the Test of Regional Planning in Adoption

Final Report

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AN EVALUATION OF THE TEST
OF REGIONAL PLANNING
IN ADOPTION

January 1978

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This document is the final report of the evaluation of the Test of Regional Planning in Adoption, a two-year research and demonstration project (Contract #99510) conducted by Welfare Research, Incorporated, for the New York State Department of Social Services.

The opinions expressed herein are based on the interpretation of project findings by Welfare Research, Incorporated, and do not necessarily reflect the views of the granting agency.

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I. RECOMMENDATIONS

These recommendations are based on the evaluation of the Regional Adoption Program and are restricted to the findings and insights provided by the evaluation data.

In general, our data indicate that the services and activities of the Regional Adoption Team have been effective in promoting adoptive placements among the project's target population of children. In addition, the Regional Adoption Committee has demonstrated the effectiveness of cooperative ventures among adoption supervisors and caseworkers on a regional basis.

Specifically, the following recommendations should be considered in future replications:

1. The specific needs of children should be considered in making placement decisions. Our data have shown that differences in how quickly children are placed and the success of placements are related to the existence of physical, psychiatric and psychological diagnoses, and caseworker-noted behavior problems.

   a. Where behavior problems exist, placement disruption seems more likely. Such problems are frequently below the level of medical or psychological diagnoses, indicating the importance of caseworker perceptions. Follow-up and support of placements is clearly indicated in such cases.

   b. The existence of diagnosed physical, psychiatric or psychological problems is not routinely predictive of placement difficulty. In the Regional Adoption Program's target population, children with diagnosed psychiatric or psychological problems tended to have remained in foster care longer than others. In Nassau County, the existence of diagnosed physical conditions was predictive of longer foster care. It seems likely that the provision of adequate problem-related services will increase the chances of finding timely placements.

2. Active recruitment and specialized orientation of prospective adoptive families should be pursued. While some children with special needs are likely to find placement with families who are not specially recruited, significant increases in placements of such children are not likely to occur without active recruitment of families willing to consider special needs children and without subsequent orientation of families geared to make their perception of such children and their needs more realistic.

3. Plans for adoptive placement of children should be pursued without delay. Our data indicated substantial numbers of older children without diagnosed or noted conditions or disabilities available for adoption. Because most had been in foster care for a long time, it appears that early delays in adoptive placement, especially when coupled with a stable foster care placement, lead to long-term foster care.

4. Foster care workers as well as adoption supervisors and workers need to be included in programs such as the Regional Adoption Program. Plans for early adoptive placement necessarily depend on decisions made before children come to the attention of agencies' adoption units. Undercare workers can benefit from training and information that aids them in planning for permanent placement, including the process of legally freeing children for adoption.

5. Regional approaches should be considered to aid in the placement of "hard-to-place" children. It seems clear that specific techniques for the placement of special needs children and the recruitment of prospective adoptive families are enhanced by cooperative sharing among agencies. Our data also indicated that adoption workers regard training sessions as useful and, in some cases, necessary for the placement of special needs children.

II. SUMMARY OF FINDINGS

FOCUS

This evaluation focuses primarily on an analysis of children constituting the target population of the project and on prospective adoptive families for the children. Project involvement, services and outcomes are considered.

THE PROJECT POPULATION

Children

At the beginning of the project, the Regional Adoption Team identified 115 children meeting the criteria for inclusion in the project. Detailed information about the children was collected, including their experience in foster care. During the course of the project, additional children came to the attention of the team, and the evaluation includes 85 such children for whom data were available.

The average age of these children was just over 11 years. On the average, they have spent eight years in foster care, with an average of nearly four different placements. Nearly half (44%) of these children have a diagnosed medical problem and one-fourth of them have a diagnosed psychiatric or psychological problem. More than half (57%) have a caseworker-noted behavioral problem.

Eighty (40%) of the 200 children achieved adoptive placement, and only nine (11%) of these had disrupted by May 15, 1977. Three specific types of Regional Adoption Program involvement with available children were identified: nearly half (45.5%) of the children were presented by their caseworker at an exchange session of a monthly committee meeting; one-fourth of the children had been videotaped for closed-circuit presentation; and 24 children (12%) were the focus of direct services or consultation provided by the team.

More detailed analysis of the characteristics of children and their relationship to placement likelihood is provided. The original population of 115 children is considered separately because it constitutes an enumeration of all children known at the outset of the project. The additional 85 children came to the attention of the project at various times during its course.

The 115 children in the originally identified target population were, on the average, over 11½ years old, had been in foster care nearly 10 years, and had had four foster care placements. While many had diagnosed medical, psychiatric or psychological problems, and caseworker-noted behavior problems, 30% had no problems indicated. Nevertheless, these children with no noted problems had been in care 11 years on the average and had an average age of 12 years. It seems clear that such children have become hard-to-place simply by having remained in the foster care system.

The relationship between various indicated conditions and length of time in foster care was examined in detail. In the original Regional Adoption population, children having diagnosed psychiatric or psychological problems had been in care longer than others, suggesting that such children have been the hardest to place. It was also noted that children with caseworker-noted behavioral problems were likely to have had more foster care placements than others.

A comparison was provided by data from the target population of Operation Placement in Nassau County. With these cases it appeared that among reported conditions, a medically diagnosed physical condition predicted a longer stay in foster care. This finding suggests that caseworkers may have differing reactions and approaches to the adoptive placement of children with diagnosed conditions.

The Nassau County population had a larger proportion of black children than did the Regional Adoption population. While the finding regarding diagnosed or noted conditions holds regardless of race, it was also noted that black children tend to remain in foster care significantly longer than white children in the Nassau County population. Additionally, in both populations females tended to find placement sooner than males.

Children who were placed in adoptive (or pre-adoptive) homes during the course of the Regional Adoption Program were drawn from the full range of diagnosed or noted problems. Those with diagnosed psychiatric or psychological problems and those with caseworker-noted behavior problems were particularly well represented among placements. A relationship between placement disruptions and noted behavior problems was noted.

Parents

The Regional Adoption Team engaged in various publicity efforts to recruit parents for hard-to-place children. They also engaged in special orientation sessions to provide potential applicants with background relevant to adoption of such children. These sessions were made available to agency-approved families as well as newly recruited ones.

By May 15, 1977, the team had received 271 inquiries in response to various outreach programs. Of these, 108 (40%) attended at least one orientation session.

While television exposure accounted for the greatest number of inquiries (78), only 22% of these (17 families) actually attended an orientation session. By contrast, newspaper exposure was highly effective, producing 33 families (61% of the inquiries) for orientation. Some 41% of those responding to notices in church bulletins also attended orientation sessions. Agencies referred 45 families to the program, of which 29 (64%) attended orientation sessions. These families were referred directly by caseworkers without formal agency screening. Agencies also referred 42 families previously known to them who had approved homestudies.

Of the 108 families who were recruited by the project and attended an orientation session, 61 (56.5%) continued on to a second group session. In comparing project-recruited families to approved families referred by agencies, some differences emerged. Among project-recruited families, comparatively high proportions of applicants with incomes of $5,000 - $15,000 went on to the second session. The comparative data suggest that the team may have been inclined to retain applicants with somewhat lower incomes than those of agency referrals. Among both agency-approved and project-recruited males, the modal level of education was high school completion. However, project-recruited males had a wider range of educational achievement, including more without a high school diploma and more with college degrees. While project-recruited applicants attending the first orientation session were on the average slightly older than agency-approved referrals, those who continued through the second session were not much different in age, suggesting some "selecting out" of older applicants by the team. In more than 50% of the project-recruited two-parent families, both husband and wife are working.

Among project-recruited applicants, those with children seemed more likely to go on to the second orientation session (60.3%) than those without children (52%). Ten of the agency-approved families already had adopted children, representing 38.5% of families with children. Nine project-recruited families who attended two sessions had adopted children, representing 25.7% of those families who had any children.

Nineteen (45.2%) of the agency-approved families who were referred to a project orientation session had been matched with a child by May 15, 1977. Among project-recruited families, such matching had to await completion of the homestudy process. Sixty-seven recruited families were referred to agencies for homestudy; 14 had already been matched with a child for placement by May 15, 1977.

BARRIERS ENCOUNTERED

Evaluation Barriers

From the point of view of demonstration project staff, the existence of an evaluation component often raises concerns. Although it was necessary for the evaluation design to be somewhat flexible and responsive to the actual development of the program, the program staff during the early start-up phase of the project expressed concern about the precise form the evaluation would take. Major areas to be evaluated were outlined and agreed upon during the start-up phase of the project. Rather than require the recruited agencies to undertake added paperwork, the team resolved to collect data themselves in cooperation with Welfare Research.

Difficulties in the collection and analysis of evaluation data arose primarily out of the need to use data both for program operation and evaluation. The two uses of the data resulted in the development of parallel data forms and required close collaboration in order to ensure that both needs were adequately met. From the point of view of evaluation, the concern was to ensure that data were complete and that the development of the categories of service or intervention was systematic.

Program Barriers

The recruitment of agencies to participate in the regional program was an early, crucial project activity. An unanticipated situation developed with the request to expand the originally defined eight-county area to include all agencies which had comprised an earlier defined seventeen-county region.

The team anticipated resistance on the part of participating caseworkers in some areas; but these areas, for the most part, never became serious barriers. One such area, in which expected resistance did not materialize, was the development of publicity features, including videotaping of children.

One barrier to program effectiveness observed by participating caseworkers and project staff was the defined focus of the project on adoption workers. Many of the issues addressed by the Regional Adoption Committee were seen to be relevant to undercare workers as well as adoption workers. On two occasions the "training session" of the monthly committee meeting was opened to undercare workers; both of these sessions were well attended.

FEASIBILITY OF REPLICATION

It seems clear that the need for a Regional Adoption Program exists in other areas. The participation of workers in the Regional Adoption Program strongly indicates their receptivity to the services, training and support offered by the program. Replication efforts would do well to identify "natural" clusters of agencies and workers, seeking to capitalize on existing bonds among participants.

Several activities and programs developed by the project seem especially relevant to a regional approach. These include the specialized training sessions, the videotape program and family recruitment through various publicity programs.

The means of financing such replications may be problematic. Support of specific program components, however, may be a possibility. For example, phases of such a program that can be construed as training are eligible for Title XX training funds.

III. BACKGROUND

While healthy, white infants have always been in demand by persons seeking to adopt, the older child, the non-white child, or the child with physical or mental problems has tended to remain in the foster care system. As of October 1974, there were 944 children listed on the New York State Adoption Exchange as "ready for placement." Of this number, 351 children were listed as "handicapped," 710 were listed as "black" or "interracial," and 828 were listed as six years old or older.

The Regional Adoption Program was established to demonstrate that such special needs,or "hard-to-place," children can be moved into adoptive homes through a regional approach among adoptive agencies geared to maximize their resources and commitment to place such children.

The overall goals of the Regional Adoption Program were:

1. To increase the number of "hard-to-place" children moved into adoptive placements
2. To demonstrate the effectiveness of a regional adoptive resource team to stimulate and facilitate adoptive placements for "hard-to-place" children
3. To identify the special ingredients required in an adoption program to place these children

The following objectives were specified to implement the goals:

1. To increase the number of black adoptive applicants
2. To increase the number of white adoptive applicants interested in transracial adoptions
3. To increase the number of adoptive applicants willing to adopt children with physical, emotional or mental handicaps
4. To increase the number of adoptive applicants interested in children over six years of age
5. To identify and supply expertise in areas which often form barriers to successful adoptive placements

6. To bring about realistic and practical sharing of resources in a regional area among agencies, public and private, involved in adoptions

7. To identify and supply the special supportive services which may be needed by families in accepting "hard-to-place" children

8. To develop and formalize a technique involving "strategies for adoptions," applicable in each individual case, which may serve as a vehicle for expediting the adoptive placement of "hard-to-place" children

The program was supported by Title IV-B funds awarded by the New York State Department of Social Services to Welfare Research, Incorporated. A sub-contract for the demonstration activities of the program was awarded to Parsons Child and Family Center (formerly Albany Home for Children). Monitoring and evaluation functions were carried out by Welfare Research, Incorporated. A three-month "start-up phase" began May 15, 1975 and was followed by a full "operational" year which ended August 14, 1976. A full continuation year was awarded, extending the program to August 14, 1977.

The project was designed to demonstrate that adoptive homes can be found for many children listed as "hard-to-place" because of age, ethnicity or individual handicaps. Two elements were combined in the project: (1) a sharing among adoption agencies of their resources of families and children in a regional area through a Regional Adoption Committee which met monthly, and (2) augmentation of the resources of the individual adoption agencies with specialized services offered by a Regional Adoption Team. The team included a project director, adoption worker, and a special education worker. Other staff were a project coordinator, a part-time research assistant, a secretary, and volunteers. The specialized services offered to the individual adoption agencies included legal, special education, rehabilitation counseling, vocational counseling, and psychiatric and psychological diagnosis and treatment.

Public and private agencies with adoption programs from 17 counties joined the program. The participating agencies maintained autonomy over adoptive placements, with the Regional Adoption Team serving as a resource to facilitate movement of the target population.

THE POPULATION OF CHILDREN

Available Data

An early task for the project was to identify the children who would constitute the target population. At the outset, these were defined as older or "hard-to-place" children, legally freed, in the eight-county area to be served. It is noteworthy that little was known about the size or characteristics of this population prior to the start of the project; and the task of discovering the information proved problematic. The logical source for such data was the New York State Adoption Exchange, a computerized system maintaining data on both children and families. This system was later replaced by the NYS Adoption Service, a non-computerized registration system which produces a picture listing of available children legally free for adoption. During the start-up phase of the project, the Adoption Exchange was apparently moribund; consequently, available children in the eight-county area could not be automatically listed by the computer and had to be extracted from original reporting documents. This process brought up the issue of confidentiality of reports, because original documents were involved and because it was necessary to review each document to determine the range of characteristics and needs of the population. A hand tally of documents identifying all listed children in the target area was conducted by staff of the Adoption Exchange, providing the data summarized in Table 1. Except for the fact that there were unexpectedly few black children in the population, the data clearly demonstrate the severity of problems in the population. About half the children in the population were counted as "slow" in intellectual development; nearly half had physical or emotional handicaps, or both; and about 80% were over eight years of age.

Table 1. Characteristics of the Eight-County Target Population
Identified by Adoption Exchange Records
N = 73

	N	%
Sex		
Male	49	67
Female	24	33
Race		
White	52	71
Black	11	15
Other	10	14
Age		
0- 2	2	3
3- 5	6	8
6- 8	7	10
9-11	25	34
12 and over	33	45
Intellectually "slow"	35	48
Physical handicap	30	41
Emotional handicap	32	44

These data had some obvious limitations. The counts do not allow identification of various combinations of the reported characteristics. Among those listed as handicapped, it is clear that some children have multiple handicaps, but the extent of overlap cannot be determined. Completeness of the enumeration was also a problem, since the counts included only those children in the jurisdiction of the eight public agencies in the project. Children in the care of private agencies in the area, but in the jurisdiction of public agencies outside the eight-county area, were not included. In addition, the completeness of agency reports and timeliness of data might also contribute to inaccuracy.

Development of Data on the Target Population

It seemed evident that it would be important for the project to collect data on individual children in the target population, and this need was discussed in early meetings between the evaluator and project staff. Concern was expressed that some agencies might hesitate to provide such information for reasons of confidentiality. It was also feared that a review of agency cases might be threatening if agencies had children in their caseloads who should have been but were not listed on the Adoption Exchange.

As it turned out, recruitment of agencies proceeded smoothly. However, an inducement to participate was an assurance that no reporting forms would be required. As a result, the team agreed to collect data on the target population of children by traveling to the agencies and extracting data from case records made available to them. There was no apparent hesitation on the part of the agencies to make the case records available.

Although information on children was important both to project operation and evaluation, data needs were not identical. From the point of view of evaluation, it was important to include as much descriptive information as possible, making sure data were analytically parallel to similar data available elsewhere. In particular, it was important to be able to provide comparisons with data from the Child Welfare Information System (CWIS) in New York City, the Bernstein study (Foster Care Needs and Alternatives to Placement) in New York City, and the New York State Study of Children in Foster Care, conducted by Welfare Research, Inc. Care was also taken to develop categories for reporting physical, emotional and behavioral problems that would be inclusive and would not require any interpretation on the part of case readers. Therefore, the data collection form used professionally recognized category systems, such as the American Psychiatric Association's classification system for psychological and psychiatric disorders. Care was also taken to specify the source of diagnostic records, and the reports of physicians, psychiatrists, psychologists, and caseworkers were recorded separately.

Through collaboration with the Regional Adoption Team, two draft forms were developed one by the project staff and one by the evaluator. The forms were reviewed for consistency and completeness, and the project staff were made aware of the need for and nature of the data requested for evaluation.

The generation of dual forms reflects the two uses of data: first, the team wished to keep records of cases with which they would continue to work; second, evaluation data were to be prepared for on-going analysis and entered as a computer data file. The form prepared for evaluation was constructed to allow coding of data for direct keypunching. Evaluation data were transferred from the team's forms to the parallel but self-coding evaluation forms.

The reading of records provided 115 cases, including 86 from public agencies in the original eight counties, 23 in private agencies and six from additional county agencies. The team set up a card file for each child so that information relating to services provided, status changes and the like could be recorded. The evaluation data file was periodically updated to reflect such changes and additions. This was a task that required considerable effort. It was necessary to continually review the card file to ensure that it corresponded with the research data file. The recording of specific team or consultative services required collaboration in order to reach agreement on classification. For purposes of analysis, we agreed to establish a cut-off date of May 15, 1977 for data on children's case records. This permitted a survey of agencies to ensure completeness of their reporting and also allowed a review of all case record information to ensure that the research data file agreed with the hand-notated card file maintained by the team. This review was done on a case-by-case basis, and any noted discrepancies were resolved.

The Total Population of Children

So far, we have referred to the 115 cases enumerated by the team at the beginning of the project. During the operation of the project, up-dating of the research files included the addition of new cases. By the end of the first operational year, the research files included full documentation of an additional 16 cases. New cases were noted by the team from time to time; for example, at the exchange session of monthly meetings, caseworkers sometimes presented children who had not previously been documented. Reports of placements and requests for services also brought new cases to the attention of the team. Many of these children, of course, were in the caseloads of the agencies that were not in the original eight project counties. Provision of basic background data on these additional children was problematic because the team was not able to systematically canvass these agencies as they had the original ones. As new children were identified, workers were asked to complete a data form, but such reporting did not become commonplace until well into the second year of the project. Ultimately, we accumulated full data sets on 85 such children, although the team claims knowledge of 26 additional cases for whom no background information, such as age, handicaps, length of time in care, and the like, exists. In this report, analysis of the 85 cases will be presented separately, since they came to the attention of the team at different times and in quite selective ways.

Before proceeding to the separate analysis of the groups, a summary picture of overall project activity can be provided. Of the 200 children known to the team during the course of the project, and for whom basic background data exist, 80 (40%) received an adoptive placement during the course of the project. Of these placements, only nine (11%) were known to have been disrupted by May 15, 1977. As indicated in Table 2, 44% of the children known to the project had a diagnosed medical condition, 25% had a diagnosed psychiatric or psychological condition, and more than half (56.5%) had a behavioral problem noted. Besides these problems, the children were rendered "hard-to-place" by their age and foster care history. Their average age was just over 11 years, while their average length of time in foster care was eight years, with an average of nearly four foster care placements.

Table 2. Characteristics of All Children
Known to the Regional Adoption Team
N = 200

Characteristics	Average	
Age in years	11.2	
Length of time in foster care system (years)	8.0	
Number of foster care placements	3.7	
	Number	**% of Total**
Diagnosed medical problem	88	44.0
Diagnosed psychiatric or psychological problem	50	25.0
Noted behavioral problem	113	56.5

Ninety-one of these children (45.5%) were presented by a caseworker at the exchange session of a monthly Regional Adoption Committee meeting. Fifty of the children (25%) were filmed by the team on videotape for closed-circuit presentations. The team also provided services directly or through project consultants in cases involving 24 (12%) of the children.

Table 3. Summary of Regional Adoption Program Involvement with All Known Children
N = 200

	Number	% of Total
Presented at an exchange session of a Regional Adoption Committee meeting	91	45.5
Videotaped for closed-circuit presentation	50	25.0
Direct service or consultation provided by Regional Adoption Team	24	12.0

Comparison With "Operation Placement" Target Population

It is important to provide a more detailed analysis of the 115 children originally known to the project. These children constitute a group whose progress can be followed for the full span of project operations. They are of interest because they presumably represent all so-called hard-to-place children known to the participating agencies at the start of the project.

In presenting data on the characteristics of this population, it is illuminating to provide a contrast with a similarly defined population from another geographic area. Another demonstration project, Operation Placement, was beginning in Nassau County and provided an opportunity for collection of parallel data. The research office of the Nassau County Department of Social Services agreed to provide such data, using the child characteristics data form that had been developed; subsequently, data were provided for 246 children in Nassau County.

The data indicate a number of differences between the two target populations. While there tend to be more males than females in both populations, the proportion of males in the Regional Program (64%) is somewhat higher than that in Operation Placement (53%) (Table 4). Both populations have relatively high proportions of older children (Table 5). The median age in Operation Placement is 12 years; and in the Regional Program, 10.4 years. In the Regional Program, nearly 83% of the children are over six years of age; about 86% of those in Operation Placement are over six.

Table 4. Distribution of Children by Sex in Two Adoption Demonstration Projects

	Demonstration Projects			
	Regional Adoption		Operation Placement	
Sex	N	%	N	%
Female	41	35.6	115	46.7
Male	74	64.4	131	53.3
Total	115	100.0	246	100.0

Table 5. Distribution of Children by Age in Two Adoption Demonstration Projects

	Demonstration Projects			
	Regional Adoption		Operation Placement	
Age	N	%	N	%
Under 3	5	4.3	11	4.5
4- 6	15	13.0	23	9.3
7- 9	21	18.3	38	15.5
10-12	40	34.8	64	26.0
13-15	23	20.0	63	25.6
16 and Over	11	9.6	47	19.1
Total	115	100.0	246	100.0
Median Age		10.4		12.0

A major distinction between these two populations is indicated in their distributions by ethnicity (Table 6). About 70% of the children in Operation Placement are black, as compared to 14% of those in the Regional Program. Another 14% of those in the Regional Program are classified as "other"; most of these are of mixed racial identity.

Table 6. Distribution of Children by Ethnicity in Two Adoption Demonstration Projects

	Demonstration Projects			
	Regional Adoption		Operation Placement	
Ethnicity	N	%	N	%
Black	16	13.9	171	69.5
Puerto Rican	1	0.9	1	0.4
White	82	71.3	59	24.0
Other	16	13.9	15	6.1
Total	115	100.0	246	100.0

The current placement of children in the two target populations also differs (Table 7). Only about 68% of the Regional Program children are in foster home care, while about 96% of the Operation Placement population are. The difference is mainly accounted for by the numbers of Regional Program children who are in group residences (20%), institutions (6%) or other placements (4%). This difference could reflect the characteristics of the children or availability of facilities.

Table 7. Distribution of Children by Type of Current Placement in Two Adoption Demonstration Projects

Type of Current Placement	Demonstration Projects			
	Regional Adoption		Operation Placement	
	N	%	N	%
Foster care home	78	67.8	237	96.3
Group home or residence	23	20.0	4	1.6
Institution or residential treatment center	7	6.1	0	0.0
Preadoptive home	2	1.7	3	1.2
Other	5	4.3	2	0.8
Total	115	99.9*	246	99.9*

*Total does not equal 100.0 because of rounding error.

Summary data can be provided for other characteristics of these target populations. Case records were reviewed for diagnoses of physical, psychological or psychiatric problems, as well as notations of other behaviors or problems. As Table 8 indicates, the proportion of children with a medical diagnosis is somewhat higher for the Regional Adoption Program. Nearly half (47%) had a diagnosed problem, as compared to about one-third (33.7%) of the children eligible for Operation Placement. With regard to diagnoses of psychiatric or psychological problems, the situation is somewhat different, with only about 28% of the Regional Adoption population having such diagnoses, as compared to nearly 39% of those in Operation Placement.

Table 8. Distribution of Children by Diagnosed Physical Problems in Two Adoption Demonstration Projects

Physical Problems	Regional Adoption N	Regional Adoption %	Operation Placement N	Operation Placement %
Physical problem indicated	54	47.0	83	33.7
No physical problems indicated	61	53.0	163	66.3
Total	115	100.0	246	100.0

Table 9. Distribution of Children by Psychiatric or Psychological Diagnosis in Two Adoption Demonstration Projects

Psychiatric or Psychological Problem	Regional Adoption N	Regional Adoption %	Operation Placement N	Operation Placement %
Problem indicated	32	27.8	95	38.6
No problem indicated	83	72.2	151	61.4
Total	115	100.0	246	100.0

Notations in records, principally by caseworkers, indicating behavior or other problems in addition to diagnosed conditions were also recorded. As indicated in Table 10, only about one-fourth (25.6%) of children eligible for Operation Placement had such notations, while nearly half (46.1%) of those in the Regional Adoption population did.

Such data, of course, must be interpreted with caution. The validity of noted behavior problems depends on the degree of caseworker familiarity with the child, the worker's tendency to record observations and the casereader's ability to find such notations. Even formal diagnoses, provided by physicians, psychiatrists or psychologists, may not adequately represent the situation, since the absence of a diagnostic report does not necessarily indicate the absence of a diagnosable condition. Thus, differences between these populations might to some extent be attributable to differing casework styles or casereading care, but some patterns seem evident. The populations are clearly distinguished by racial composition, Nassau County having predominantly black (70%) children and the Regional Program predominantly white (71%). The children eligible for Operation Placement tend to be older, a large proportion being 16 years old and older. Nearly all (96%) of the Nassau County group are in foster homes, while a significant number of those in the Regional Program (20%) are in group homes or residences. Children in the Regional Program are more apt to have diagnosed medical conditions or caseworker-noted problems while Operation Placement children seem more likely to have diagnosed psychological or psychiatric conditions.

Table 10. Distribution of Children by Reported Behavior or Other Problems in Two Adoption Demonstration Projects

	Demonstration Projects			
	Regional Adoption		Operation Placement	
Behavioral Problems	N	%	N	%
Problem indicated	53	46.1	63	25.6
No problem indicated	62	53.9	183	74.4
Total	115	100.0	246	100.0

The Regional Adoption Program Target Population

Changes in Project and Placement Status of Children

The team moved cautiously in establishing working relationships with participating agencies. Some agencies, such as Parsons Child and Family Center (then Albany Home for Children), were willing to take the lead in project participation. The team focused its attention on the receptive agencies, hoping to increase the involvement of more hesitant agencies through such examples. As part of this process, a classification scheme was established for the 115 children in the defined population. In conjunction with individual caseworkers and supervisors, the team attempted to determine which of the children could be involved in project activities. At the beginning of the project 45 children were classified as active, representing 39% of the defined population. An additional 44 children were classified in a "hold" category, indicating that they were in some kind of transitional status, including children not yet legally free, not "psychologically ready for adoption," or those whose foster parents were considering adoption. The classification "no action" seemed more final. In general, this category, comprising 23 children, or 20% of the population, represented cases for which permanent foster care was the plan. It also included cases that workers wanted withheld from the project for some other reason. Finally, three children of the original population were already in pre-adoptive placement.

A picture of overall case movement is provided by Table 11, a matrix showing the last known project status of children (as of May 15, 1977) by their original status. Of obvious interest are the 35 children in pre-adoptive and final adoptive placement at the end of the project. It will also be noted that 11 children became classified as "other" during the course of the project.

These represent some older children released to their own care, several released to the care of relatives, and two who died. In sum, 30% of the original known population had achieved adoptive placement, an additional 10% had left the system in other ways, and 60% remained in care.

The matrix provides some clues as to how children moved between the various classifications, although the incidence of multiple changes for individual cases is not apparent. It can be seen, for example, that all but one of the 11 children leaving care for "other" reasons had originally been in the "no action" category. Of those in placement, including finalized adoptions, 18 had been regarded as active cases and an additional two were already in pre-adoptive placement. Some 14 children originally in "hold" status also were placed, as was one child in the "no action" category.

Table 11. Original Status of Child and Status as of May 15, 1977: Original Target Population

	Status as of May 15						
Original Status	Final Adoptive N	Pre-Adoptive N	Active N	Hold N	No Action N	Other N	Total N
Pre-adoptive	2	0	1	0	0	0	3 (2.6%)
Active	7	11	17	8	2	0	45 (39.1%)
Hold	7	7	9	11	9	1	44 (38.3%)
No action	0	1	1	2	9	10	23 (20.0%)
Total	16 (13.9%)	19 (16.5%)	28 (24.3%)	21 (18.3%)	20 (17.4%)	11 (9.6%)	115 (100.0%)

Of the 28 children regarded as active cases at the end of two years, 17 had been originally classified as "active," nine had been in the "hold" category, and one had been a "no action" case. It should be noted that the remaining child listed as active had originally had a pre-adoptive placement, indicating one of the six placement disruptions that occurred in this group. Because multiple category changes are not indicated in this summary matrix, the other placement disruptions are not revealed here; they will be examined, however, later in this report.

Of the 21 children classified as "hold" at the end of two years, eight had been originally classified as "active," but two had been in the "no action" category, indicating positive movement. On the other hand, nine children originally in the "hold" category and two "active" cases wound up in the "no action" category.

Indicators of Placement Difficulty

The data collected on the population of children indicate some of the characteristics that make children "hard-to-place." These include diagnosed physical disabilities and either psychiatric or psychological conditions, as well as specific behavior problems reported by caseworkers.

Three operational indicators were also of interest because their existence is presumed to affect the possibilities for adoptive placement: the child's age, length of time in the foster care system, and the number of foster care placements the child has had. These indicators are to some extent related, since older children and those who have been in care for longer periods of time are less likely to achieve placement. However, the number of placements reflects something about the stability or instability of placements that time in care, by itself, cannot convey.

As previously mentioned, 54 children in the original population had some physical disability noted on a physician's diagnostic report in the case record. An additional 34 children in this population had medical evaluations indicating that no physical disability was present. The remaining 27 children had no diagnostic report included in their case record.

The data shown in Table 12 are somewhat surprising: Children with diagnosed physical problems are younger than others and have been in care less time. With regard to age and time in care, children with no physical disability and those with no diagnostic report appear to be quite similar. These groups differ, however, in the average number of placements they have had, suggesting that those for whom the need for medical diagnosis has not arisen tend also to have relatively long-term and stable foster care placements.

Table 12. Distribution of Children's Time in Care, Age and Number of Placements by Reported Physical Conditions

Reported Physical Condition	Original Population N	Original Population %	Average Months in Care N = 114	Average Age N = 115	Average Number of Placements N = 112
Problem indicated	54	46.8	104.9	10.6	3.9
No problem indicated	34	29.5	130.4	12.6	4.8
No diagnostic report	27	23.7	126.1	12.2	3.0
Total	115	100.0	117.5	11.6	4.0

A similar pattern emerges for psychiatric or psychological problems, as indicated in Table 13. Those children who have no psychiatric or psychological problems indicated appear to be older than the others and to have had more placements, although they have been in foster care for about the same length of time as the children who have no diagnostic report available. These children have been in foster care, on the average, about two years longer than those with a diagnosed psychiatric or psychological problem.

Table 13. Distribution of Children's Time in Care, Age and Number of Placements by Reported Psychiatric or Psychological Problems

Reported Psychiatric or Psychological Problem	Original Population N	Original Population %	Average Months in Care N = 114	Average Age N = 115	Average Number of Placements N = 112
Problem indicated	32	27.8	100.5	11.2	3.9
No problem indicated	39	33.9	122.5	12.7	5.2
No diagnostic report	44	38.3	125.1	10.9	2.9
Total	115	100.0	117.5	11.6	4.0

The situation changes when notations of other problems are considered. Both age and months in care are about the same for children with behavior problems indicated and those with none indicated, as shown in Table 14. However, children with behavior problems noted have had more foster care placements than those without such problems.

Table 14. Distribution of Children's Time in Care, Age and Number of Placements by Reported Behavior Problems

Caseworker-Noted Behavioral Problems	Original Population N	Original Population %	Average Months in Care N = 114	Average Age N = 115	Average Number of Placements N = 112
Problem indicated	53	46.1	115.3	11.9	4.8
No problem indicated	62	53.9	119.5	11.3	3.3
Total	115	100.0	117.5	11.6	4.0

Since these findings are not entirely consistent with commonly held notions about what makes children hard to place, more detailed analysis and discussion is called for. Before proceeding with further analysis of this issue, however, it is important to indicate something about project involvement with this target population.

Placement Success and Project Involvement

We have already indicated that 35 children in the original population were in placement at the end of the project's second year. Six additional placements had occurred but had disrupted. While it is possible that more of these placements may yet disrupt, the rate of disruption is presently 15%, which is probably not excessive with hard-to-palce populations. Table 15 examines time in care, age and number of placements in relation to placement success. Those who have achieved successful placements appear to have been in care for a shorter period than others. This finding reflects, in part, the fact that many of the older children in this population were not included in this finding by virtue of their "no action" status. (The average age of children in this category was 13 years.) Comparing successful placements with disruptions, there is virtually no difference in average age. The disruptions, however, clearly appear to be the more difficult cases, having been in care longer and having had more prior placements than those whose placements had not disrupted.

Table 15. Distribution of Children's Time in Care, Age and Number of Placements by Success of Placement

Placement	Original Population N	%	Average Months in Care N = 114	Average Age N = 115	Average Number of Placements N = 112
Success	35	30.4	85.6	10.3	3.9
Disruption	6	5.2	110.3	11.0	5.5
Not placed	74	64.3	133.4	12.2	3.9
Total	115	100.0	117.5	11.6	4.0

While we have indicated the number of placements which occurred in the original target population, neither the direct nor the indirect role of the team or the project in achieving such placements is indicated. There is, of course, no measure of indirect project involvement in the placement of these children. Such influences might include anything from a heightened awareness on the part of caseworkers to the problem of hard-to-place adoptions to the use of a specific technique or idea gained by participation in the project. Three kinds of direct project activities can, however, be identified: first, the presentation of a particular child at the exchange session of a monthly Regional Adoption Committee meeting; second, involvement in the videotape program of the project; and third, the team's provision of direct casework services or consultation.

Presentation at a monthly exchange session of a Regional Adoption Committee meeting comes about solely at the discretion of individual caseworkers and supervisors. Thirty (23%) of the original 115 known children were presented at an exchange session. Table 16 indicates that while these children were slightly younger and had not been in care quite as long as those not presented, they did have a slightly greater number of prior foster care placements than those not presented. Keeping in mind that some of the older, long-term children were classified as "no action" cases, these data suggest that caseworkers were indeed presenting difficult cases, as reflected by their relatively large number of prior placements. Table 17 shows the relationship between placement success and presentation at the exchange. While it is true that more children (23) who were not part of the exchange achieved successful placement than those who were (12), it is more important that those who were presented had a significantly greater chance of successful placement than the others. Of those who were presented at an exchange session, over half (53%) achieved placement and 40% remained successfully placed at the end of the project. In contrast, only 29% of those not presented at the exchange went into placement. Further evidence that those cases presented at the exchange were difficult ones is provided by the higher disruption rate in that group.

Table 16. Distribution of Children's Time in Care, Age and Number of Placements by Presentation at the Exchange

	Original Population		Average Months in Care	Average Age	Average Number of Placements
	N	%	N = 114	N = 115	N = 112
Presented at the exchange	30	26.1	89.2	10.4	4.2
Not presented at the exchange	85	73.9	127.9	12.0	3.9
Total	115	100.0	118.1	11.6	4.0

Table 17. Success of Placement by Presentation at the Exchange

	Exchange			
	Presented		Not Presented	
Placement	N	%	N	%
Success	12	40.0	23	27.0
Disruption	4	13.3	2	2.4
Not placed	14	46.7	60	70.6
Total	30	100.0	85	100.0

While the decision to present a case at a monthly meeting rested with the caseworker, selection for videotaping was more likely to be suggested by the team. To be sure, the videotape activity began slowly and focused, in its earlier stages, on selected agencies willing to participate. This activity soon expanded, gaining acceptance finally with most of the participating agencies. By the end of the second year, 22 children in the original target population (19%) had been videotaped. Table 18 indicates that those selected represented particularly difficult cases. As already observed, the children involved in project activities were likely to have been in care for a shorter period than those not involved. In this case, however, the noted difference is not large enough to satisfy a test of statistical significance. Moreover, the average age appears to be identical, and the average number of prior placements for those videotaped is significantly larger.

Table 18. Distribution of Children's Time in Care, Age and Number of Placements by Videotape

Videotaped	Original Population N	Original Population %	Average Months in Care N = 114	Average Age N = 115	Average Number of Placements N = 112
Videotaped	22	19.1	105.9	11.6	5.6
Not videotaped	93	80.9	120.2	11.6	3.6
Total	115	100.0	117.5	11.6	4.0

The relationship between being videotaped and being placed is presented in Table 19. Nearly half of the children who had been videotaped were placed, as compared to only about one-third of the rest of the population. A concentration on difficult cases is suggested by the high rate of disruptions in this group. Since the actual number of cases is small, it is important to consider whether this outcome would be similar for a larger number of cases. Some evidence is provided by including the 85 additional cases that became known to the team during the course of the project. These data indicate that, when the total population is considered, the overall placement rate is as high for non-videotaped children as for those who were videotaped. However, we have already indicated that those children who became known to the team during the operation of the project were likely to comprise active caseloads, i.e., children for whom adoption was considered a likely outcome.

The disruption rate among videotaped children appears to be alarmingly high. Four of ten placements in the original population and seven of 20 (35%) overall were recorded as disrupted. However, some caution in interpretation must be exercised. As indicated above, videotaping tended to involve cases for whom placement was considered to be difficult. A review of the seven cases classified as disruptions revealed that four had been videotaped following their placement disruption. Thus, the most remarkable thing about these data is that the proportion of placements for videotaped children is so high.

Table 19. Success of Placement by Videotape: Original Population

	Videotaped			
	Yes		No	
Placement	N	%	N	%
Success	6	27.3	29	31.2
Disruption	4	18.2	2	2.2
Not placed	12	54.5	62	66.7
Total	22	100.0	93	100.0

Table 20. Success of Placement by Videotape: Total Population

	Videotaped			
	Yes		No	
Placement	N	%	N	%
Success	13	26.0	58	38.7
Disruption	7	14.0	2	1.3
Not placed	30	60.0	90	60.0
Total	50	100.0	150	100.0

During the course of the project the team was asked to provide case-specific services or consultation. Team involvement in such services came generally at the request of caseworkers and tended to increase over the course of the project. Involvement included the provision of psychiatric and psychological consultation, intensive casework services, homestudy involvement, school assessments, and family integrative services. These integrative services included a variety of specific interventions but are considered as a single unit because they were all aimed at preserving placements that became problematic. Team involvement might, of course, be directed to children, families, or, as in family integrative services, to the family unit. Five children in the original population and 19 who later became part of the project were involved in such direct services. Many of these, of course, received multiple services. The fact that the children who became known to the project later are more heavily involved reflects the emergent nature of this aspect of the program. The relationship between the provision of services and the achievement of placement is not relevant, since many services are directed specifically at children already in placement.

While project activities in recruiting families are discussed in a separate section of this report, it should be pointed out here that seven of the placements occurring among the 115 children in the original population were with "project families." Three of these were with families originally recruited by the project and four with families, previously approved by participating agencies, who had participated in a project orientation session.

Relationship of Children's Characteristics and Placement Difficulty

The Original Target Population

We now turn to the question of identifying what makes children "hard-to-place." The issue is particularly challenging since analysis of our data has already indicated that the children in our original population spent less time in the foster care system if they had medical or psychiatric or psychological diagnoses and no more time if they had other reported behavior problems. To this point we have considered the existence of only one type of problem at a time. It is likely, however, that some children have more than one type of problem, and this distribution is shown in Table 21, together with other characteristics. The table shows that 34 children (30%) have no problems of any kind noted in their records, and an additional 36 (31%) have only one kind of problem noted. The remaining 45 children (38%) are multiple-problem children, with 13 (11%) having all three kinds of problems noted.

Table 21. Distribution of Children's Time in Care, Age and Number of Placements by Type of Reported Problem

Type of Problem	Original Population N	%	Average Months in Care N = 114	Average Age N = 115	Average Number of Placements N = 112
None	34	29.6	133.2	12.0	2.9
Physical only	14	12.2	109.0	10.1	3.5
Psychological or psychiatric only	2	1.7	200.0	16.9	5.5
Behavior only	20	17.4	122.0	12.6	5.9
Physical and psychological or psychiatric	12	10.4	79.3	9.5	3.8
Physical and behavior	15	13.0	119.1	11.3	4.7
Psychological or psychiatric and behavior	5	4.3	94.0	12.6	4.8
Physical and psychological or psychiatric and behavior	13	11.3	108.0	11.4	3.3
Total	115	99.9	117.5	11.6	4.0

What is undoubtedly most striking about the data presented in Table 21 is the characteristics of those children having no noted problems. Their average time in care is considerably higher than for any other group, with the exception of those with only psychiatric or psychological problems and there are only two cases in that category. The average age of children with no problems is above the mean for the total population and exceeds the average age for children in most of the problem categories. In fact, the only group with more than a token number of cases to exceed the average age for non-problem children is children with noted behavior problems. While non-problem children appear to be older and to have been in care longer than others, they have had fewer foster care placements than any others. Thus, the picture that seemed to emerge earlier becomes even clearer in these data: There is a substantial number of children in this "hard-to-place" population who are relatively old and have been in care for a long time but whose existence in foster care has been relatively stable and who have none of the physical, psychiatric or psychological, or behavioral problems ordinarily associated with difficulty of adoptive placement. Although these children may now be regarded as hard to place by virtue of their age, it must also be noted that their average length of time in care very nearly matches their current age, indicating that, on the average, these children came into care when very young.

Since these data represent characteristics of a population at a given point in time, some interpretive caution must be exercised. What we know from these data are the characteristics of children who remain in the population. Those children who move into adoptive placement relatively quickly will tend to be under-represented, to be younger, and to have been in care less time. However, such characteristics can also be affected by the rate at which various kinds of cases come into the population. It might be asserted, for example, that children with diagnosed or otherwise noted disabilities have emerged only recently in casework practice. It might alse be argued that the 34 children with no diagnosed problems and long foster care histories in fact represent a small proportion of all the problem-free children available for adoption at the time of their original placement, i.e., 10 - 11 years ago. Such possibilities, however, do not seem to be realistic explanations of the data presented in Table 21.

Additional Project Children

Before proceeding to a more detailed analysis of the original populations, it may be helpful to examine some data provided by replications of this analysis with other similar populations. Two such populations were available for at least partial replication. One of these is the group of children who came to the attention of the Regional Adoption Team during the course of the project. As indicated earlier, these children were identified only when their caseworkers volunteered them for consideration. By far, the most common situation was presentation of the child at an exchange session of a monthly meeting. Therefore, these children are representative only of those cases that workers regarded as "active." In fact, 78 (92%) were originally classified as active or in placement, while the remaining seven (8%) were in the intermediate "hold" category. This group of children presented other problems for analysis, since data collection for them was not systematic and some data elements are therefore not complete. Nevertheless, available parallel data are provided in Table 22. In this selected group of children, those without any diagnosed or noted problems constitute just less than 20% of the total. The largest group in the distribution consists of children for whom some behavioral problem is noted but who have no diagnosed physical, psychological or psychiatric condition. Two other categories accounting for relatively large numbers of children in this group also involve the presence of noted behavioral problems.

Table 22. Distribution of Children's Time in Care and Age by Type of Reported Problem: Additional Population

Problem	Additional Population		Average Months in Care		Average Age (N = 82)
	N	%	N	$\bar{X}$	$\bar{X}$
None	16	18.8	7	38.4	8.6
Physical only	5	5.9	4	42.3	4.8
Psychological or psychiatric only	2	2.4	2	70.5	9.6
Behavior only	29	34.1	24	47.0	8.1
Physical and psychological or psychiatric	2	2.4	1	59.0	7.3
Physical and behavior	17	20.0	10	58.6	8.3
Psychological or psychiatric and behavior	4	4.7	3	66.7	12.1
Physical and psychological or psychiatric and behavior	10	11.8	8	74.9	8.8
Total	85	100.0	59	53.4	8.4

Interpretation of length of time in care is hindered by the problem of data loss in this group. The measure could be calculated for only 59 (69%) of the children. The distribution indicates that most data loss occurs with children having no noted problems, for whom data are available for only seven of the 16 cases. It is not possible to estimate what average months in care would be for this group, since dates of entry into foster care are among the missing data. It would be reasonable to suspect that the ability to report such data would be related to the recency of the case. That is, dates of entry may be more difficult to find and record for children who have been in care for some time. Data on the age of children in this group are virtually complete, however. It appears that those with no problems indicated are as old as or older than any of the problem type groups. Only two exceptions occur, and these involve categories containing only two and four cases. Other than these two small categories, the only group having as high an average age are those with all three types of problems noted. Although data on one of the measures are inconclusive for the groups with no problems, there is no strong evidence in these data that such children move into placement more rapidly than those with problems. What is of additional interest in this group of children is that they clearly represent a younger and apparently more recent foster care population.

Nassau County Population

A second replication of this analysis focused on the group of children constituting the target population for "Operation Placement" in Nassau County. Table 23 shows the distribution of this population by type of problem. It will be noted that, on the average, these children are the same age as the original Regional Adoption Project population and their average time in care is slightly longer. Clearly, the children in both of these populations have been "hard-to-place." While nearly 30% of the children in the Regional Adoption Project population had no identified problems, only 21.5% of the Nassau County children were free of problems. A comparison of the distributions by type and combination of problems (see Table 23) suggests that the Nassau County population is somewhat more likely to have psychological or psychiatric diagnoses and somewhat less likely to have diagnosed physical problems.

Table 23. Distribution of Children's Time in Care and Age by Type of Reported Problem: Nassau County Population

Problem	Nassau County Population N	Nassau County Population %	Average Months in Care $\bar{x}$	Average Age $\bar{x}$
None	53	21.5	122.8	10.3
Physical only	20	8.1	140.3	9.9
Psychological or psychiatric only	21	8.5	134.6	12.2
Behavior only	58	23.6	129.4	12.7
Physical and psychological or psychiatric	20	8.1	101.0	8.9
Physical and behavior	20	8.1	130.7	10.8
Psychological or psychiatric and behavior	31	12.6	151.6	13.8
Physical and psychological or psychiatric and behavior	23	9.3	138.3	12.4
Total	246	99.8*	130.7	11.6

*Rounding error

Unlike the Regional Adoption Project's original population, the Nassau County children with no noted problems have a relatively low average length of time in foster care. The average age for this group is also lower than the average for the population. In the Nassau County population, children with a psychological or psychiatric diagnosis combined with a noted behavior problem have been in care longer and are older than children in any other problem classification. Among children in this population with a single type of problem recorded, those with a diagnosed physical problem have been in care longest, but those with a psychological or psychiatric diagnosis or a noted behavior problem tend to be older. An unusual congruity occurs between these two populations in that, in both cases, children with the combination of physical and psychological or psychiatric diagnoses are younger and have been in care less time than any others.

There is, of course, one important difference between these two populations, and that is the high proportion (70%) of blacks in the Nassau County population. There is ample evidence in the data to suggest that black children constitute a "hard-to-place" group. They tend to have a slightly higher average age (11.8 years) than other children (11.0 years) in the population, and their average length of time in care (11.5 years) is considerably higher than that of other children (9.6 years) in the Nassau County population.

Summary of Effects of Characteristics on Placement

We turn now to the question of specifying what characteristics of children lead to their being "hard-to-place." It must be recalled that the primary indicator of such status in these data is the length of time children have remained in the foster care system. In the Regional Adoption Program population, the number of previous foster care placements is an additional indicator. The discussion that follows is based on the data already presented in this section and is amplified by analysis of variance procedures. (Tables displaying the results of the analysis of variance are provided in the Appendix of this report.)

Age. The most common characteristic of the children in all of these populations is that they are not young. This fact in itself, however, does not indicate placement difficulty. Children who are hard to place for any reason will, of course, grow older in the foster care population. In the original Regional Adoption Program populations, however, we find a sizable group of children with no apparent disabilities or problems who, nevertheless, are older and have remained in care for long periods. It may be that children who come into the foster care population at older ages may not easily find adoptive placement for that reason alone. However, what seems clear throughout our data is that these children, by and large, have come into the system at early ages and have grown old. There is no reason to doubt the assertion that older children present complex problems for adoptive placement, but the more relevant concern should be with the conditions and practices that prevented their placement when they were younger.

Race. Data on the Nassau County population of children clearly indicate that blacks are older and have remained in foster care longer than others. There are too few black children in the Regional Adoption Program to provide a satisfactory replication. Insofar as racial identity, by itself, constitutes a barrier to adoptive placement, the resolution of the dilemma must rest with issues of recruitment of adoptive parents. This, of course, was a major focus of Operation Placement. While the Regional Adoption Program anticipated this to be a major concern, the number of black children in their population turned out to be fewer than originally anticipated.

Sex. Little is said about the possibility of placement difficulty by sex. However, analysis of our data are suggestive of some differences. While the analysis of various procedures consistently suggests that males stay in care longer than females, the relationship remains inconclusive from the standpoint of statistical significance. However, when we examine the number of foster care placements for the original Regional Adoption Program population, we find that females have significantly fewer prior foster care placements than males.

The difference persists even when length of time in care and age are taken into account. We are unable to test the relationship for the Nassau County population, since data on number of those children's prior placements were not available. However, given the consistency of the suggestive relationship between sex and length of time in care, we would expect the findings to be similar.

Diagnosed physical problems. The presence of a medical diagnosis indicating a physical disability was expected to indicate a difficult placement situation. However, data suggest that such is not always the case. In the Regional Adoption Program population, such diagnoses do not predict longer time in care or a greater number of previous placements. In the Nassau County population, however, the existence of physical problems predicts a longer time in care, even when race and age are held constant. It seems likely, therefore, that caseworker approaches or experiences may differ with regard to the placement of children with physical disabilities.

Diagnosed psychological or psychiatric problems. In the Regional Adoption Program original population, the existence of a diagnosed psychological or psychiatric condition is predictive of longer time in care. Such is not the case, however, in the Nassau County population. While we cannot rule out the possibility that diagnosed conditions occur with differing severity in the two populations, a more likely explanation appears to rest with differing casework approaches to problems, including the recruitment of adoptive families.

Noted behavior problems. Caseworker notations of behavior problems do not predict longer time in care for children in either Nassau County or the original Regional Adoption Program population. However, such problems are related to the number of foster care placements children in the Regional

Adoption Program have had. While such problems are not indicators of difficulty of placement, then, they are indicators of stability of placement. Because the numbers of foster care placements are not known for the Nassau County population, no comparison is possible.

Placement Outcomes

Finally, it is important to examine the placement outcomes of Regional Adoption Program children by the various categories of conditions that have been specified. Overall outcome is presented in Table 24, indicating that 40% of all children known to the project had achieved placement by mid-May of the final year. At that point, about 11% of the placements had disrupted. Although the disruption rate is not complete, in the sense that some placements may still disrupt, the reported rate seems to be within the bounds of reasonable expectations for such populations. What is most notable about the disruptions, however, is that all of them occur with cases for whom a caseworker notation of behavior problems exists. This outcome is entirely consistent with our previous finding regarding the placement history of these children: that number of placements is related to the presence of caseworker-noted behavior problems regardless of the presence of other diagnosed conditions.

Since there are two differently selected groups of children in this population, separate consideration of the groups provides more relevant analysis of the placement experience. These data are presented in Tables 25 and 26. It will be recalled that the originally enumerated population (N = 115) included a relatively large number of children (34) with no noted conditions or disabilities. These children, however, had been in care for long periods of time and were, on the average, older than other children in the population.

Despite the fact that these children appeared to have been passed over for adoptive consideration, nearly 30% (29.4%) were placed during the course of the project. Among the 85 children who came to attention during the course of the project (Table 26), 16 had no noted problems or conditions. This group, however, were not characterized by long-term foster care, and nearly 70% of them (68.8%) were placed during the course of the project.

Table 24. Adoptive Placement and Disruption Rates by Problem Type: Total RAP Population (N = 200)

Problem	Number Of Cases	Placements		Disruptions	
		N	%	N	%
None	50	21	42.0	0	0.0
Physical only	19	5	26.3	0	0.0
Psychological or psychiatric only	4	2	50.0	0	0.0
Behavior only	49	29	59.2	5	17.2
Physical and psychological or psychiatric	14	7	50.0	0	0.0
Physical and behavior	32	8	25.0	3	37.5
Psychological or psychiatric and behavior	9	5	55.6	1	20.0
Physical and psychological or psychiatric and behavior	23	3	13.0	0	0.0
Total	200	80	40.0	9	11.3

Table 25. Adoptive Placement and Disruption Rates by Problem Type: Original Population (N = 115)

Problem	Number Of Cases	Placements N	Placements %	Disruptions N	Disruptions %
None	34	10	29.4	0	0.0
Physical only	14	3	21.4	0	0.0
Psychological or psychiatric only	2	1	50.0	0	0.0
Behavior only	20	11	55.0	3	27.3
Physical and psychological or psychiatric	12	6	50.0	0	0.0
Physical and behavior	15	5	33.3	3	60.0
Psychological or psychiatric and behavior	5	3	60.0	0	0.0
Physical and psychological or psychiatric and behavior	13	2	15.4	0	0.0
Total	115	41	35.7	6	14.6

Table 26. Adoptive Placement and Disruption Rates by Problem Type: Additional Population (N = 85)

Problem	Number Of Cases	Placements N	Placements %	Disruptions N	Disruptions %
None	16	11	68.8	0	0.0
Physical only	5	2	40.0	0	0.0
Psychological or psychiatric only	2	1	50.0	0	0.0
Behavior only	29	18	62.1	2	11.1
Physical and psychological or psychiatric	2	1	50.0	0	0.0
Physical and behavior	17	3	17.6	0	0.0
Psychological or psychiatric and behavior	4	2	50.0	1	50.0
Physical and psychological or psychiatric and behavior	10	1	10.0	0	0.0
Total	85	39	45.9	3	7.7

Not surprisingly, the lowest placement rate occurs for children with all three types of problems or conditions, and this is true for both the original and additional populations. In both populations, placement rates are particularly high for children with noted behavior problems but no other diagnosed conditions. Perhaps the lack of a medical or psychological diagnosis made these children seem prime candidates for placement. However, as previously indicated, placement of these children is not without risk of disruption.

Our earlier data suggested that children with psychological or psychiatric diagnoses were the most difficult in terms of adoptive placement. However, project experience, as shown in Tables 25 and 26, does not indicate that such children have lower placement rates than others. There are, however, so few cases of children with only psychological or psychiatric diagnoses that interpretation is difficult. On the other hand, children with only physical conditions diagnosed fared rather poorly. The difference between the placement rate of children with physical disabilities and that of children with psychiatric or psychological diagnoses is consistent with major program strategies. For example, the team saw no need to replace a rehabilitation specialist who left to take another job, but the team found increased demand for psychiatric consultation services.

INCREASING ADOPTIVE APPLICANTS

Recruitment through Publicity

The project engaged in various forms of publicity in order to recruit prospective adoptive families. These activities began almost prematurely when the project received coverage in a local feature television program (WTEN, "Thirty Minutes") just before Christmas in 1975. The plan for handling responses to media recruitment consisted of inviting interested people to a series of two group orientation sessions conducted by the Regional Adoption Team. Screening occurred at the point of first inquiry and throughout the process. In general, invitation to an orientation session occurred if it seemed the respondents' interest in adoption was sincere and plausible, and if there was some chance that their interests might not be restricted to healthy infants. By May 15, 1977, the team had tallied 271 inquiries in response to various outreach programs. Of these, 108 (40%) attended an orientation session; 61 went on to attend the second session; and, in all, 67 of the 108 applicants were referred to agencies.

Table 27. Prospective Parent Recruitment by Type of Media

	Inquiries		Attended Orientation		% of Inquiries Invited
Type of Media	N	%	N	%	%
Television	78	29	17	16	22
Radio	24	9	7	6	29
Church Bulletins	22	8	9	8	41
Newspaper	54	20	33	31	61
Agencies	45	17	29	27	64
Other	48	18	13	12	27
Total	271	101*	108	100	40

*Rounding error

Some indication of the effectiveness of various publicity approaches is provided in Table 27. Specific publicity events have been grouped into general media categories. Inquiries stemming from television include those as a result of the "Thirty Minutes" coverage, other news features, and spot ads. Radio coverage includes several "talk show" appearances as well as spot announcements. Similarly, newspaper publicity includes a number of feature articles, as well as a series of small paid classified ads. In these data, recruitment attributed to agencies does not include families or individuals already known to the agencies. The actual number of inquiries from each source is not especially informative, since it depends not only on the scope of coverage, but also on the number and type of exposures. What is important is the yield of likely applicants.

The most productive source of inquiry was referrals by agencies, with 64% of those who inquired attending an orientation session. These inquiries generally came about through referrals by caseworkers of individuals making initial contact through their local agency. This procedure implicitly involved a kind of screening by the agency, but none of these applicants had gone through an agency study process. While television exposure accounted for nearly 50% more inquiries, very few (22%) attended an orientation session. Newspaper exposure, on the other hand, provided the second largest number of inquiries and also the second largest number of applicants to be included in the orientation program. Some 61% of those who inquired as a result of newspaper exposure found their way at least to the first orientation session. Although response to church bulletins seemed relatively low, 41% of those who inquired attended an orientation session.

Collection of Data on Prospective Families

Despite the early start of recruitment activities, precipitated by the TV coverage, the team had data collection forms prepared and were able to collect data on the characteristics of all applicants who attended an orientation session. As with the data on the target population of children, these applicant data were seen as important both for the evaluation research and for on-going project operations. Applicant questionnaires were prepared by Parsons and WRI and combined into a format from which the team could abstract data for their case files. The form was designed as a self-administered questionnaire and sought two general kinds of information: (1) objective data on background, demographic, and family structure characteristics; and (2) judgments on a range of characteristics that applicants would accept in adopted children.

Some problems emerged in the administration of the questionnaire. At the outset, the evaluation staff offered to administer the questionnaire at the beginning of each orientation session, indicating its function as a research instrument and thereby separating it from the group process situation of the orientation session. However, the adoption team was concerned about the sensitive nature of the group meeting and felt strongly that the instrument might be "sensitizing," and that only the group leaders should be present at the session. For these reasons, the team agreed to administer the questionnaire. Despite our desire to collect data before the session, the team's concern with the sensitizing effect of the instrument caused them to administer the questionnaire at the end of the session. This procedure, of course, raised issues about the biasing effect of the orientation session on responses concerning willingness to consider various categories of "hard-to-place" children. Ultimately, the administration of the questionnaire was viewed as a device for structuring the session. It came to be administered at the outset of the session, but the responses dealing with willingness to consider various kinds of "hard-to-place" children were necessarily subject to influence by the session leader's guidance.

Although data indicating applicants' willingness to accept various kinds of handicaps or disabilities seemed inherently interesting, such data have limited validity, even if collected under non-reactive or controlled circumstances. Many applicants indicated difficulty in responding to questions about the ages and handicaps they might be willing to consider. As it turns out, this series of questions might have lacked sufficient reliability to be analytically useful even if administration of the questionnaire had been standardized. For all of these reasons, it seems unwise to pursue analysis of data from this section of the questionnaire.

In addition to applicants recruited by project activities, agencies were invited to refer their approved families for orientation. Some 42 agency-approved families had attended a project session as of May 15, 1977. Because these prospective parents had completed homestudies, the sessions provided for them were equivalent to the second orientation session provided for newly recruited applicants.

Finally, the team reviewed agency records of all prospective adoptive parents with approved homestudies. In each case, data were extracted and recorded on the same questionnaire coding form used for data collection at the orientation sessions. These data provide a third analytic group of 56 applicants. These 56 prospective parents are in addition to the 42 agency-approved families who attended an orientation session. Data for these 42 constitute their own responses provided on the questionnaire administered when they attended the orientation session.

Comparison of Recruited and Agency-Approved Families

Income

The following analysis addresses the question of whether project-recruited families are any different from families with approved homestudies known to agencies. Table 28 shows the distribution of these two groups by combined income. As can be seen from this table, the modal category for project-recruited families is \$10,000 - \$14,999, with 26.9% of these families falling into this income grouping. For the agency-approved families, the modal category is \$15,000 - \$19,999, with 28.4% of the families falling into this category. There appear to be slight differences between the two groups of prospective parents within certain categories, but the mean and median values of both groups are virtually identical.

Table 28. Distribution of Project-Recruited Parents and Agency-Approved Parents by Combined Income

Combined Income	Project-Recruited N	Project-Recruited %	Agency-Approved N	Agency-Approved %
Less than 5,000	2	1.9	1	1.1
5,000 - 9,999	8	7.7	13	13.7
10,000 - 14,999	28	26.9	23	24.2
15,000 - 19,999	21	20.2	27	28.4
20,000 - 24,999	20	19.2	21	22.1
More than 25,000	25	24.0	10	10.5
Total	104	99.9	95	100.0

Education

In looking at the level of education of the two groups of parents, some minor differences emerge (Table 29). While the percentage of males with a college undergraduate or graduate degree in the project-recruited group is similar to that in the agency-approved group (39.2% and 41.5%, respectively), there are more than twice as many males without a high school degree in the project-recruited group as there are in the agency-approved group (17.5% and 7.9%, respectively).

Table 29. Distribution of Project-Recruited Males and Agency-Approved Males by Academic Degrees

Degrees	Project-Recruited N	Project-Recruited %	Agency-Approved N	Agency-Approved %
None	17	17.5	7	7.9
High school	41	43.3	45	50.6
AB, BA, BS	22	22.7	25	28.1
MA, MS, MBA	10	10.3	10	11.2
Ph.D, MD	2	2.1	0	0.0
Other	4	4.1	2	2.2
Total	97	100.0	89	100.0

Table 30. Distribution of Project-Recruited Females and Agency-Approved Females by Academic Degrees

Degrees	Project-Recruited N	Project-Recruited %	Agency-Approved N	Agency-Approved %
None	9	8.5	9	9.7
High school	62	58.5	58	62.4
AB, BA, BS	19	17.9	13	14.0
MA, MS, MBA	10	9.4	11	11.8
Ph.D, MD	1	.9	0	0.0
Other	5	4.7	2	2.2
Total	106	99.9*	93	100.1*

*Rounding error

In looking at the female segment of the population (Table 30), however, we find virtually no difference between project-recruited females and agency-approved females in terms of the percentage distributions through the various educational categories.

The one rather noticeable educational difference appears when comparing males with females. In the project-recruited group, there are 15.2% more females with only a high school diploma than males; and in the agency-approved group, 12% more females than males stopped their formal education at the high school level.

Age

With regard to age, there appears to be no difference between project-recruited families and agency-approved families. Among males, the average age of those recruited by the project is 35.8 years, while those approved by agencies averaged 35.3 years of age. A similar pattern occurs for women, with project-recruited females averaging 33.0 years and women in agency-approved families averaging 32.8 years of age.

Although the applicants are generally married couples, a substantial number of single persons (N = 12; 14%) are included among the prospective adoptive parents of agency-approved families; of the project-recruited families, 12.5% (N = 12) are single. Interestingly, only 25% of the single applicants are males.

In viewing the employment status of the husband-wife applicants, we find some interesting patterns (Table 31). In most agency-approved families (52.3%), only the husband works, as compared to only 41.7% of project-recruited families. Also, project-recruited families have a higher percentage of families in which both the husband and wife work than do agency-approved families (55.2% as compared to 43%). The percentage of agency-approved families in which both partners are employed is notable, however, since the homestudy process is likely to favor the availability of a parent in the house, particularly the mother.

Table 31. Distribution of Project-Recruited Parents and Agency-Approved Parents by Employment Status

	Project-Recruited		Agency-Approved	
Employment Status	N	%	N	%
Husband only works	40	41.7	45	52.3
Wife only works	2	2.1	4	4.6
Both work	53	55.2	37	43.0
Neither work	1	1.0	0	0.0
Total	96	100.0	86	99.9*

*Rounding error

Family Composition

Another important consideration regarding prospective families is whether or not children are present in the household. Most applicants had children present, with the agency-approved applicants being more likely to have children present than the project-recruited families (65.3%, as compared to 53.7%) (Table 32). In both groups, a rather substantial percentage of applicants who had children had at least one adopted child (22.4 and 29.7%, for project-recruited and agency-approved, respectively).

Table 32. Distribution of Project-Recruited Parents and Agency-Approved Parents by Status of Children in Family

	Project-Recruited		Agency-Approved	
Status of Children	N	%	N	%
No children	50	46.3	34	34.7
Children	58	53.7	64	65.3
Biological	*48*	*44.4**	*44*	*44.9**
Adopted	*13*	*12.0*	*19*	*19.4*
Foster	*3*	*2.8*	*2*	*2.0*
Total	108		98	

*Since some families have more than one type of child, the sum of percentages in these categories is larger than the summary category percentage of families with children.

Comparison of Recruited and Agency-Approved Families Attending Orientations

As indicated earlier, both the project-recruited and the agency-approved applicants were part of a further selection process. Project-recruited applicants are all those who attended an orientation session run by the team. Applicants whose interest appeared genuine and persistent after the first session were invited to a second session. Of the 108 who entered the process, 61 (56.5%) went on to the second group session. Of the 47 remaining, 24 clearly indicated a decision to withdraw. The remaining 23 apparently reached the same conclusion, although some may have attended a second session after May 1977, which was the cut-off date for this sample.

Through the Regional Adoption Committee, agencies were invited to refer their approved families to an orientation session. Since such applicants had gone through the agency homestudy process, their group session was equivalent to the second orientation session provided for project-recruited applicants and concentrated primarily on the available older and hard-to-place children. Forty-two applicants were referred by the agencies and attended a group orientation session.

Type of Family

Table 33 shows the distribution of applicants by type of family. More than half (56.7%) of the project-recruited husband-wife families went on to a second orientation session, whereas only 42.9% of the agency-approved husband-wife applicants were referred to an orientation session. Also, more than half of the project-recruited single applicants went on to a second orientation session, and half of the agency-approved single applicants were referred.

Table 33. Distribution of Project-Recruited Parents and Agency-Approved Parents by Orientation Attendance and Type of Family

	Project-Recruited				Agency-Approved			
	Only One Session		Two Sessions		Agency Orientation		Non-Referred Families	
Type of Family	N	%	N	%	N	%	N	%
Single male	0	0.0	2	3.3	3	7.1	1	1.8
Single female	5	10.6	5	8.2	3	7.1	5	8.9
Husband & wife	42	89.4	54	88.5	36	85.8	50	89.3
Total	47	100.0	61	100.0	42	100.0	56	100.0

Income

It is important to determine whether selected applicants can be distinguished by the available descriptive characteristics. Analysis of this question begins with Table 34, which displays distributions of applicants by combined family income. Among project-recruited families, comparatively high proportions of applicants with incomes ranging from $5,000 to $15,000 went on to the second session; a relatively high proportion of those with incomes over $25,000 also continued through the second session. Among agency-approved families, referral was more common for those in the $15,000 to $25,000 income range. Although the number of cases in individual categories is small, the data suggest that the team may be inclined to retain applicants with somewhat lower incomes than agency referrals.

Table 34. Distribution of Project-Recruited Parents and Agency-Approved Parents by Orientation Attendance and Combined Income

	Project-Recruited				Agency-Approved			
	Only One Session		Two Sessions		Agency Orientation		Non-Referred Families	
Combined Income	N	%	N	%	N	%	N	%
Less than 5,000	1	2.2	1	1.7	1	2.4	0	0.0
5,000 - 9,999	3	6.7	5	8.5	2	4.8	11	20.8
10,000 - 14,999	12	26.7	16	27.1	9	21.4	14	26.4
15,000 - 19,999	12	26.7	9	15.3	16	38.1	11	20.8
20,000 - 24,999	8	17.8	12	20.3	11	26.2	10	18.9
More than 25,000	9	20.0	16	27.1	3	7.1	7	13.2
Total	45	100.0	59	100.0	42	100.0	53	100.0

Education

In looking at the education level of the males, we find some interesting patterns emerging. Table 35 shows that among the project-recruited applicants, the largest proportion of them attending both sessions have only a high school degree. But this is to be expected, since applicants with only high school educations compose almost half of the project-recruited population. Of even more interest is the college educated group of project-recruited applicants. Of the 22 male applicants with college educations, 77.3% went on to a second orientation session. With regard to the agency-approved males, of the 45 who had college degrees, only 37.7% (N = 17) were referred to an orientation session.

Table 35. Distribution of Project-Recruited Males and Agency-Approved Males by Orientation and Academic Degrees

	Project-Recruited				Agency-Approved			
	Only One Session		Two Sessions		Agency Orientation		Non-Referred Families	
Degrees	N	%	N	%	N	%	N	%
None	8	19.0	9	16.4	3	7.9	4	7.8
High school	23	54.8	19	34.5	17	44.7	28	54.9
AB, BA, BS	5	11.9	17	30.9	10	26.3	15	29.4
MA, MS, MBA	5	11.9	5	9.1	6	15.8	4	7.8
Ph.D, MD	0	0.0	2	3.6	0	0.0	0	0.0
Other	1	2.4	3	5.5	2	5.3	0	0.0
Total	42	100.0	55	100.0	38	100.0	51	99.9

Age

While we noted no difference in age between project-recruited and agency-approved applicants, an interesting difference occurs when the groups are separated by attendance at an orientation session. Agency-approved applicants, male and female, are not noticeably differentiated by age when those who were referred to the project are analytically separated. The average age for agency-approved women is about 33 years and for men about 35.5, whether or not they were referred. However, the situation is somewhat different for project-recruited families. The average age of males who attended only the first session is 38 years, as compared to females, who averaged 34 years. But males who went on to the second session averaged only 34.6 years; and females, 32 years.

Employment

In looking at the employment status of two-parent families across the four analytic groups, we notice some interesting patterns emerging (Table 36). With the exception of non-referred agency-approved families, we find the traditional pattern of families in which only the husband works giving way to a new pattern: More than 50% of the respondents in each of these groups evidence an emerging pattern of both the husband and wife working. The most striking difference occurs in the project-recruited families who attended a second orientation session. Nearly 60% of the project-recruited families with both spouses working attended a second orientation session, as compared to only 52% of those families in which only the husband works. Also, families with both spouses working account for nearly 20% more of the population of project-recruited families who attended a second orientation session. In the population of non-referred agency-approved families, however, we find almost 60% of the families having only the husband working. But, in this population of agency-approved families, a somewhat larger percentage of families in which both work was selected for an orientation session (51.4%, as compared to 35.6% for families in which only the husband works). It should also be noted that four of the six families in which only the woman works completed the orientation program (Table 36).

Table 36. Distribution of Project-Recruited Parents and Agency-Approved Parents by Orientation Attendance and Family Employment

	Project-Recruited				Agency-Approved			
	Only One Session		Two Sessions		Agency Orientation		Non-Referred Families	
Family Employment	N	%	N	%	N	%	N	%
Wife only works	0	0.0	2	3.7	2	5.6	2	4.0
Husband only works	19	45.2	21	38.9	16	44.4	29	58.0
Both work	22	52.3	31	57.4	18	50.0	19	38.0
Neither work	1	2.4	0	0.0	0	0.0	0	0.0
Total	42	99.9	54	100.0	36	100.0	50	100.0

Family Structure

Table 37 provides a comparison based on the presence of children in the applicant's family. Among project-recruited applicants, those with children seemed more likely to go on to the second orientation session than those without children (60.3%, as compared to 52%). In the agency-approved group, however, more childless families were referred to an orientation than were those with children (47%, as compared to 41%). Of families with children, those having an adopted or foster child fared somewhat better than those with biological children. Among the project-recruited families, 69% of those with adopted children and all of those with foster children went on to a second orientation, while among agency-approved families, 53% of those with an adopted child and all those with a foster child were referred to the project session.

Table 37. Distribution of Project-Recruited Parents and Agency-Approved Parents by Orientation Attendance and Status of Children

Status of Children	Project-Recruited				Agency-Approved			
	Only One Session		Two Sessions		Attended Orientation		Non-Referred Families	
	N	%	N	%	N	%	N	%
No children	24	51.1	26	42.6	16	38.1	18	32.1
Children	23	48.9	35	57.4	26	61.9	38	67.9
Biological	*21*	*44.7*	*27*	*44.3*	*19*	*45.2*	*25*	*44.6*
Adopted	*4*	*8.5*	*9*	*14.8*	*10*	*23.8*	*9*	*16.1*
Foster	*0*	*0.0*	*3*	*4.9*	*2*	*4.8*	*0*	*0.0*
Total	47	100.0	61	100.0	42	100.0	56	100.0

Outcome for Families Attending Orientation Sessions

The data presented on orientation sessions represented an on-going project activity; consequently, follow-up data on many applicants past the May 15 cut-off date were not collected. However, the outcome data may be presented up to that point. For example, a total of 67 project-recruited applicants had been referred to agencies by May 15, 1977. Homestudies had been completed by agencies for 30 of these applicants. Within the same time period, a number of applicants had been matched with available children for placement. The data are presented in Table 38. In looking at the project-recruited families, we see a difference between those attending first and second orientation sessions. Eighteen percent of project-recruited applicants attending a second orientation session had been matched with a child, while only six percent of those who attended only one orientation had been matched.

In looking at the agency-approved families, we see those having attended an orientation session more likely to be matched with a child than those that were not referred (45%, as compared to 30%). Thus, it would appear that the second orientation session for project-referred families and a project orientation session for agency-approved families does have some effect on whether or not a family is matched with a child.

Table 38. Distribution of Project-Recruited Parents and Agency-Approved Parents by Matching with a Child

	Project-Recruited				Agency-Approved			
	Only One Session		Two Sessions		Agency Orientation		Non-Referred Families	
Matched	N	%	N	%	N	%	N	%
Yes	3	6.4	11	18.0	19	45.2	17	30.4
No	44	93.6	50	82.0	23	54.8	29	69.6
Total	47	100.0	61	100.0	42	100.0	56	100.0

While it is not possible to indicate the specific effects of the orientation sessions on matching so as to project the additional numbers of applicants who may yet have the same outcome, the data are at least suggestive. The number of project-recruited applicants who have been matched is, of course, contingent on successful completion of the homestudy process. Nevertheless, 30 applicants had already survived this process as of May 15 and 33% (N = 10) of those had been matched. Among agency-approved applicants, 45% (N = 19) of those who had been referred to an orientation session had also been matched with a child, while 30% (N = 17) of the agency-approved families who were not referred to orientation were known to have been matched.

EVALUATION BARRIERS

Demonstration projects are rarely designed in such a way that program operation is clearly specified in advance and not susceptible to adjustment in the face of operating realities. Flexibility of approach is generally regarded as an important attribute of such projects. Specification of designs for evaluation need to be responsive to the ways in which such projects develop.

From the point of view of project staff, the existence of an evaluation component may raise concerns. Evaluations may be perceived as threatening, suggesting an adversary relationship between project staff and evaluator. It is a reasonable expectation, however, that the major objectives of program evaluation be known to project staff.

During the early start-up phase of the project, staff discussed the precise form the evaluation would take. The first few months of the project's "start-up phase" were largely devoted to accomplishing staffing, to establishing reporting and accounting responsibilities between WRI and Parsons Child and Family Center, and to recruiting agencies for participation. Since a full-time project evaluator had not been designated prior to agency recruitment, and while the details of program operation were being developed, concern over the form of project evaluation was recorded as part of an "Issues and Concerns" section of the team's second monthly report during the "start-up phase," as follows:

> 'Discussion on the final form of project evaluation was begun at a meeting on June 22 with Bob Guerrin, Bill Gosch, Dave Nevin, and Tom Regan. Some potential variables for study were identified, including numbers of the target population moved into placement, measures of inter-agency activities, counts of R.A.P. activities to individual agencies and to the regional committee, etc. The project is moving ahead without this aspect being fully defined

> and we have some concern that evaluative instruments may be recommended both after the fact and after agencies agree to join the program. In response to consistent messages from the agencies, our agreement with them includes the understanding that the Regional Adoption Program will not cost them in terms of increased caseloads, mandated programs, nor required reporting procedures. Participating in the Regional Committee meetings and willingness to share the hard-to-place caseloads with the Regional Team are the only requirements being demanded for their participation. Coming along later with evaluative procedures might elicit suspicion and guardedness and could jeopardize the working relationships between the agencies and the Team. Evaluative techniques will have to take these factors into account, and, it seems, ought to be developed as soon as possible."

Aside from the concern expressed that a final evaluation design would not be achieved before agencies were recruited, the statement suggested a potential limitation to the development of project evaluation. This was the specific promise made to agencies that no reporting procedures would be required of them.

Since information about project-relevant caseloads was clearly essential, not only for evaluation but also for program operation, the project team agreed to collect the data themselves. Thereafter, concerns about evaluation centered not so much on the issue of whether data would be collected, but rather on the question of how they would be collected and the uses to which they would be put. These issues were manifested in several ways during the development of the evaluation.

Following the June discussion to which the team's statement referred, the evaluator developed a set of possible evaluation objectives. These were derived by integrating the areas suggested at the June meeting into a framework constructed around the goals and objectives listed in the project proposal. Three major evaluation objectives were identified at that time, as follows:

Evaluation Objectives

1. To Increase the Number of "Hard-to-Place" Children Moved into Adoptive Placements

Minimum Requirement: A count of the number of "hard-to-place" placements compared to the number made by the same agencies in a comparable period in prior years.

Needs: Development of at least a working definition of "hard-to-place" placements.

Problems: Project may deal only with some selected "hard-to-place" children, hence the need to have a definition and make comparisons with others not included. Ultimately, we will have to have access to case information in order to make such a comparison.

Payoffs: If this is done right, we could move in the direction of developing typologies of cases (based on characteristics that increase placement difficulty). A major contribution could be replication with the Bernstein and other studies.

2. To Demonstrate the Effectiveness of a Regional Adoption Resource Team...and to Bring About Sharing of Resources...

Minimum Requirement: (1) Systematic documentation of "shared resources," particularly of children and families; and (2) determination of cooperation of agencies at time of entry (recruitment) and in Regional Council meetings.

Needs: (1) Development of a standard reporting (recording) form and routine for RAP to ensure recording of instances of sharing in particular cases; and (2) documentation of recruitment of agencies and observation of Regional Council participation.

Problems: (1) Documentation of shared resources may be limited unless individuals in agencies can provide it in some way (diary, log); and (2) notes and minutes of Regional Council meetings may be useful, but some more systematic observational or recording technique might be developed.

Payoffs: (1) Provide capability of analyzing extent of inter-agency cooperation. Data can be connected with those on placement, with the ultimate goal of demonstrating the relationship between cooperation and placement. Such an analysis cannot be spelled out until specific techniques are developed. Another important possibility here is to specify what is different about applicants who take "hard-to-place" children. It would be important to compare characteristics of "regular" placement applicants with these. This should tie in with Nassau County, where recruitment of adoptive families is also a central concern and should be documented.

4. To Identify and Supply Expertise in Areas Which Form Barriers...To Identify Special Ingredients Required...To Place Children

Minimum Requirement: Documentation of specific "barriers" and the special service brought to bear. For example, the need for rehabilitation counseling or special medical services needs to be documented, along with the method of providing such services.

Needs: Development of a system to record both the special needs and delivery of services.

Problems: Need to assure that special needs are systematically identified. Presumably, such identification will be made by the team or at least in conjunction with the team. Provision of services (related to identified needs) also needs to be recorded, preferably in some detail. Since many of these special services may be arranged locally, we need to ensure some way of recording their occurrence.

Payoffs: We should be able to specify the extent to which special expertise facilitates placement and also the kinds of special expertise most frequently needed. In addition, information on the most effective ways of providing such special expertise should be sought.

Reporting forms were developed in order to provide the kinds of data specified in the evaluation objectives. Early development of the forms involved the Project Coordinator at Parsons Child and Family Center (Dr. Nevin) and the WRI Project Evaluator (Dr. Guerrin). The first forms to be constructed were those reporting characteristics of children, a "strategies for adoption" form, and a form constituting a log of daily activities of project staff.

Information about the target population of children was clearly crucial both to project operation and evaluation. The complexities of establishing the procedure for providing evaluation data on the target population of children is not only illustrative of problems specific to this project but reflect those which are likely to occur in similar situations.

Because information on children was important to project operation and evaluation, the development of the data collection instrument needed to be a collaborative effort. From the point of view of the evaluation, it was important to include as much descriptive information as possible, making sure data were analytically parallel to similar data available elsewhere. In particular, as noted above, it was important to be able to provide comparisons with other data sets such as CWIS, the Bernstein study in New York City and the WRI study of children in care Upstate. While the project staff might have considered a caseworker's narrative summary of a child's condition sufficient, the evaluation team insisted on a case record search to indicate specific professional diagnoses using established categories for medical, psychological and psychiatric conditions.

Two draft data forms were developed: one by the project staff and one by the evaluator. The forms were compared for consistency and completeness, ensuring that both project and evaluation data needs were met. The generation of the two forms, however, reflects the two uses of the data. The team wished to keep records of cases with which they might continue to work. Evaluation data were to be prepared for on-going analysis and entered as a computer data file. The form prepared for evaluation was constructed to allow coding of data for direct keypunching.

The need for information on the target population was obvious. In lieu of the agencies' providing data, the project staff visited the participating agencies and recorded data from the case records. This procedure facilitated the systematic and consistent collection of data.

While this seemed a satisfactory solution to providing the necessary data on the target population, problems were to arise later as additional agencies were included and additional children entered the population. There was no systematic way of identifying additional children or of providing a full set of data once they were identified. The team relied on personal contacts with workers and follow-up procedures when new cases were presented at monthly Regional Adoption Committee meetings. As time went on, the team was willing to ask workers to fill out data forms for these children, but both the selective nature of including these cases and the tendency for workers to provide incomplete data hindered the analysis of this set of data.

Because we were interested in following the progress of the children identified by the project, other difficulties arose. The team maintained its file of information, eventually developing a file card system on which additional information on each child's status could be posted. In order to provide up-dated information for evaluation, it was necessary to have access to the team's file. Two essentially different kinds of problems arose in this process. One of these was the issue of confidentiality. Since identification of children in foster care caseloads is sensitive information, agencies are careful to protect the confidentiality of records. A measure of the acceptance of the Regional Adoption Program was the willingness of agencies to release information on children for project purposes. Although the team agreed to maintain the level of confidentiality desired by the agencies by withholding the names of the children from the evaluator, this did not constitute a major problem. However, lack of names complicated the process of up-dating information on specific cases. Records in the evaluation data file were identified by arbitrarily assigned numbers (beginning with 001 and continuing sequentially through the total number of cases). The team, however, was reluctant to assign numbers, preferring instead to use a pseudonym for each case. The pseudonyms were transcribed on the evaluation data forms but, of course, were not included in the computer data file. Because it was difficult to maintain the correspondence between real names and pseudonyms, the process of recording new or additional information on a case soon became unwieldy. Ultimately, the case numbers became the accepted identifiers. It was, of course, necessary to maintain a master list of names with their corresponding identification numbers, and the team insisted on exclusive possession of the list. Since the use of such a master list is necessary to ensure that data are correctly transcribed to appropriate cases, lack of control over the accurate maintenance of the list raises potentially serious problems for research activities. In this case, such problems did not materialize, although the process of reviewing project records, transcribing data to research forms and checking for accuracy continued to be painstaking. As time went on, the maintenance of data on cases became more of a joint enterprise between project staff and evaluation staff.

A second type of problem regarding the documentation of case progress was related to the more substantive issue of defining the nature of the documentation. It is mentioned here primarily to indicate the inherent difficulties in coordinating data sets used for both program operation and research. The team had expected to use a "strategies for adoption" form to record case progress. What emerged in practice was a card file system, which developed during the first year of the project but only after sufficient experience had accumulated to indicate the kinds of interventions, services, and involvements that were likely to occur. Since some of these notations were descriptive, it was necessary to work closely with the team in order to develop a consistent set of categories that could be used to document such activities. Data for research had to be transcribed periodically by reviewing the entire card file, since project usage involved the frequent re-ordering of individual case cards from one location to another.

The efficiency of using a single set of forms for both operational and research purposes varied. For example, it was thought that the daily log would serve as a useful record of the types and amounts of activities engaged in by team members, and additionally satisfy some administrative needs such as documentation of travel mileage and telephone use. As it turned out, the evaluative usefulness of such daily logs did not justify the enormous data processing that their analysis would require. On the other hand, their utility as administrative documents containing information on hours, activities, mileage, etc., led to their eventual adoption as standard reporting forms for all Albany Home employees.

The data collection instruments developed for prospective adoptive families in many ways paralleled those for the children. Again, two data forms were developed collaboratively. These forms were developed for use with prospective parents who had come to a team-run orientation session as a result of various project outreach techniques. However, participating agencies were also invited to send any families they knew of who would be interested in an orientation session on the adoption of hard to place children. Again, the evaluation was aided by the collection of data on all approved families known to the agencies.

The major purposes of the orientation sessions were to sensitize potential parents to the needs of hard to place children and to increase the range of children such parents might consider. Collecting information on the types of problems and ages of children such parents might consider was of mutual interest to the team and the evaluator. Data forms were constructed which included background and demographic information, family structure items, and items indicating the kinds and degrees of problems prospective parents would consider in their decision to adopt. The form designed for evaluation was constructed to be a self-administered questionnaire. The form designed by the team was to be completed by transcribing information from the evaluation questionnaire. Both forms were prepared for use at the first orientation session.

A difference of opinion arose in establishing a method for questionnaire administration. The evaluator preferred to administer the questionnaire prior to the start of each session. The team preferred to administer the questionnaire after the orientation, sensing an extremely sensitive group situation. Acknowledging that the primary concern of both Welfare Research and the team was the integrity of the Regional Adoption Program, the evaluator agreed that the team should decide how to conduct the orientation sessions. Initially, then, the team decided that for their program objectives it was best for the questionnaire to be administered at the end of the session. After the experience of a few sessions, the team's use of the questionnaire changed, and it was seen as a potentially useful tool in the group process. This use of the questionnaire, however, did not improve the validity of data collected, since thereafter items relating to the acceptance of disabilities were used as part of the session itself.

This lack of independence of research data from program operation resulted in the loss of a potentially valuable analysis. The extent of the loss, however, can in some ways be rationalized. For example, the inclusion of agency-approved families in the data set was desirable, but the data pertaining to their willingness to take hard-to-place children was based on caseworker judgments rather than self-reports. Although self-reported data for these items would be subject to question (since categories of disabilities and conditions without specific referents are subject to varying interpretations), the ability to compare participants' responses to such categories with placement outcomes might have provided some useful insights.

PROGRAM BARRIERS

While program operation is more fully documented in the project's final report (available from Parsons Child and Family Center), some general observations are relevant here. Perhaps the most significant observation has to do with a barrier that never materialized. Since the major structural requirement of the project was to establish a regional approach, the recruitment of agencies was an early crucial activity. A great deal of care was taken in the planning for, and recruitment of, the participating agencies. The strategy to encourage participation included the assurance that no additional data reporting requirements would be asked of the agencies. An unexpected success of these recruitment efforts was the request by nine counties (beyond the originally proposed counties) to join the project. These additional counties, along with the original eight counties, had comprised an earlier-defined seventeen-county region.

The team anticipated several areas of resistance on the part of caseworkers that, because of concerted team efforts, did not become serious barriers to program development. One such area was the development of publicity features, including the videotape program, which involved the participation and identification of children. In part because the videotapes had restricted dissemination, agreement to make children available was a manageable problem. In order to facilitate the process, the team worked with the Regional Adoption Committee to develop a formalized procedure for obtaining agency releases to permit the videotaping of children. As indicated in other sections of this report and in the project's final report, videotaping became a major project activity, reflecting increased acceptance and use of the technique by agencies.

The project was established to deal exclusively with adoption workers. A major activity of the Regional Adoption Committee, for example, was the exchange of information about available children and families. Another important activity, however, was the presentation of speakers and the development of what can be generally described as "training sessions." It was frequently observed by project staff and adoption workers alike that many of the issues addressed by such sessions were relevant to under-care workers as well as adoption workers.

On two occasions the "training session" of the monthly committee meeting was opened to under-care workers, and both were well attended. One of these sessions dealt with the legal process of freeing children for adoption, and the other with the psychiatric issues of removing children from placement. The latter session turned out to be somewhat controversial, since some observers felt that emphasis on the trauma associated with removal might discourage under-care workers from pursuing adoptive placement for children except with their foster parents. These sessions were well received, indicating the need on the part of under-care workers for training and information in adoption-related areas.

It seems clear that the need for a Regional Adoption Program exists in other areas. Large numbers of children for whom adoption should be planned still remain in the foster care system. Should there be an increase of healthy infants needing adoptive placement, the need for techniques and services for hard-to-place children would become even more crucial. Although younger, healthy children may be relatively easy to place, they would nevertheless involve additional commitment of fixed resources.

It is also clear from observation of workers in the Regional Adoption Program and from our statewide study of adoption manpower, that there is a need for specialized training related to older and hard-to-place children. The experience of senior adoption caseworkers has been largely with infants, and the training of newer workers has, in many cases, not been specific to the kinds of problems encountered in the field. Moreover, adoptive parent recruitment is not conducted by one-third of agencies in New York State.

The participation of workers in the Regional Adoption Program strongly indicates their receptiveness to the services, training and support offered by the program. It seems likely that other workers would respond similarly, but one important characteristic of this regional group must be kept in mind: that is, that this group had an already established sense of identity. Whether such a sense of identify, manifested in cooperative working relationships, would come about in any ad hoc "regional" group is not clear. The Regional Adoption Program did not focus on special techniques and approaches that might be used to achieve such working relationships. Replication efforts, therefore, would do well to identify "natural" clusters of agencies and workers, so as to capitalize on existing bonds among participants.

Several of the activities and programs developed by the project seem especially suited to a regional approach, since they could probably not be developed or implemented by single agencies, and in any case could be more efficiently conducted by groups of agencies. The following are examples:

1. A specialized training session, usually featuring experts in various areas of interest, was one part of each monthly meeting of the Regional Adoption Committee. These sessions tend to broaden the perspective of local agency workers by familiarizing them with activities and techniques being employed in other places.

2. The videotape program represented an activity requiring considerable technical sophistication but having important potential for inter-agency exchanges of adoptable children. While the development of this activity was not without technical problems in the production of tapes, its potential for presenting children both to caseworkers and families is important. The possibility of using this device between regions, as well as within regional groups, should be considered.

3. The team employed various publicity programs to recruit prospective adoptive parents. Such active recruitment geared to so-called "hard-to-place" children is an essential activity that is likely to be beyond the reasonable capabilities of most agencies, especially when it is combined with special orientation group meetings.

It seems plausible that a Regional Adoption Program may be replicated in whole or in part in other areas. The financing of such replications, however, is somewhat problematic. The Regional Adoption Program was supported by Title IV-B funding at a total cost of $356,000. Such an investment seems beyond the capabilities of private or local funding sources. The support of particular program components seems a more realistic possibility.

One major source of funding to be considered for such programs, and the source that will support most of the work of the Regional Adoption Program in the coming year, is Title XX funds for training purposes. Since much of what the Regional Adoption Program has done involves training, such funding may be a possibility for replication in other locations.

the Regional Adoption Program has done involves training, such funding may be a possibility for replication in other locations.

APPENDIX A

ANALYSIS OF VARIANCE TABLES

In the text of this evaluation report, we considered the relationship between various characteristics of children in project populations and indicators of their status as "hard-to-place," primarily length of time in care. The data presented were highly suggestive of certain relationships, but interpretation was difficult because the indicators involved frequently are not independent of each other. In order to sort out such confounding effects, the data were submitted to a series of analysis of variance procedures, the results of which guided the interpretations presented in the text. The relevant results of these analyses are provided in the following tables.

Table A.1 indicates the relationship of the various conditions as predictors of length of time in care. Since time in care is, in part, a function of age, age has been entered as a covariate in the analysis, thus controlling its effects on the relationships examined. The table indicates that only the presence of diagnosed psychological or psychiatric problems is related to length of time in care.

It is assumed that the reader with some knowledge of analysis of variance procedures might be interested in seeing these tables as documentation of the reported findings, and no attempt will be made here to provide the background necessary for their interpretation.

Further elaboration of the results presented in these tables, therefore, is not provided except for Tables A.2 and A.3. As noted in the text, the relevance of the child's sex as a predictor of placement was a somewhat unexpected finding. These two tables might have been presented as a single, complex analysis, but the essential information is amply demonstrated in their present form. Table A.2 shows the significant relationship of sex to number of placements. Specifically, males have significantly greater numbers of foster care placements than females. However, when sex is held constant, the presence of caseworker-noted behavior problems is significantly related to the number of foster care placements.

The more complex design would also have entered age and months in care as covariates, since the opportunity for multiple placements would be assumed to be a function of these variables. However, neither of these variables, taken individually, is significantly related to number of placements, as shown in Table A.3, where they are entered as covariates. Moreover, when sex is entered as a main effects variable along with reported behavior problems, the relationships uncovered in Table A.2 persist.

Table A.1. Analysis of Variance
Regional Adoption Program Original Population:
Length of Time in Care by Conditions

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Covariate: (Age)	213430.8	1	213430.8	150.9*
Main Effects:	9844.6	3	3281.5	2.3
Diagnosed physical problems	246.2	1	246.2	0.2
Diagnosed psychological or psychiatric problems	6033.4	1	6033.4	4.3*
Reported behavior problems	2675.2	1	2675.2	1.9
Two-Way Interactions:	3935.8	3	1311.9	0.9
Behavior and physical	3615.8	1	3615.8	2.6
Behavior and psychological or psychiatric	56.4	1	56.4	0.0
Physical and psychological or psychiatric	54.6	1	54.6	0.0
Three-Way Interaction	2773.6	1	2773.6	2.0
Total Explained Variance	229984.8	8	28798.1	20.3*
Residual Variance	148475.5	105	1414.1	
Total	378460.3	113	3349.2	

*Indicates an F-ratio that satisfies a test of statistical significance at the .05 level with degrees of freedom as shown.

Note: N = 114 (one case is deleted because of missing data).

Table A.2. Analysis of Variance
Regional Adoption Program Original Population:
Number of Placements by Conditions

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Covariate: (Sex)	47.1	1	47.1	7.0*
Main Effects:				
Diagnosed physical problems	4.5	1	4.5	0.7
Diagnosed psychological or psychiatric problems	2.8	1	2.8	0.4
Reported behavior problems	55.9	1	55.9	8.3*
Two-Way Interactions:	66.6	3	22.2	3.3*
Behavior and physical	20.6	1	20.6	3.1
Behavior and psychological or psychiatric	16.9	1	16.9	2.5
Physical and psychological or psychiatric	3.7	1	3.7	0.5
Three-Way Interaction	2.5	1	2.5	0.4
Total Explained Variance	178.0	8	22.3	3.3*
Residual Variance	689.8	103	6.7	
Total	867.9	111	7.8	

*Indicates an F-ratio that satisfies a test of statistical significance at the .05 level with degrees of freedom as shown.

Note: N = 112 (three cases with missing data are deleted).

Table A.3. Analysis of Variance
Regional Adoption Program Original Population:
Number of Placements by Sex and Noted Behavior Problems

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Covariates:	41.5	2	20.8	3.0*
Age	1.8	1	1.8	0.3
Months in care	10.3	1	10.3	1.5
Main Effects:	97.5	2	48.7	7.2*
Sex	29.7	1	29.7	4.4*
Reported behavior problems	55.7	1	55.7	8.2*
Two-Way Interaction	7.1	1	7.1	1.0
Total Explained Variance	146.1	5	29.2	4.3*
Residual Variance	721.7	106	6.8	
Total	867.9	111	77.8	

*Indicates an F-ratio that satisfies a test of statistical significance at the .05 level with degrees of freedom as shown.

Note: N = 112 (three cases with missing data are deleted).

Table A.4. Analysis of Variance
Regional Adoption Program Additional Population:
Length of Time in Care by Conditions

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Covariate: (Age)	20870.0	1	20870.0	14.6*
Main Effects:	7182.1	3	2394.0	1.7
Diagnosed physical problems	2337.1	1	2337.1	1.6
Diagnosed psychological or psychiatric problems	1860.6	1	1860.6	1.3
Reported behavior problems	943.9	1	943.9	0.7
Two-Way Interactions:	524.9	3	175.0	0.1
Behavior and physical	245.4	1	245.4	0.2
Behavior and psychological or psychiatric	249.3	1	249.3	0.2
Physical and psychological or psychiatric	34.8	1	34.8	0.0
Three-Way Interaction	776.8	1	776.8	0.5
Total Explained Variance	29353.9	8	3669.2	2.6*
Residual Variance	71254.5	50	1425.1	
Total	100608.4	58	1734.6	

*Indicates an F-ratio that satisfies a test of statistical significance at the .05 level with degrees of freedom as shown.

Note: N = 59 (26 cases with missing data are deleted).

Table A.5. Analysis of Variance
Nassau County Population:
Length of Time in Care by Conditions

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Covariates:	391514.9	2	195757.5	116.5*
Race	12208.7	1	12208.7	7.2*
Age	365758.3	1	365758.3	217.7*
Main Effects:	13657.2	3	4552.4	2.7*
Diagnosed physical problems	8676.7	1	8676.7	5.2*
Diagnosed psychological or psychiatric problems	1036.3	1	1036.3	0.6
Reported behavior problems	4955.2	1	4955.2	2.9
Two-Way Interactions:	7559.1	3	2519.7	1.5
Behavior and physical	67.4	1	67.4	0.0
Behavior and psychological or psychiatric	4002.9	1	4002.9	2.4
Physical and psychological or psychiatric	3262.2	1	3262.2	1.9
Three-Way Interaction	75.4	1	75.4	0.0
Total Explained Variance	412804.6	9	45867.2	27.3*
Residual Variance	396509.9	236	1680.1	
Total	809314.5	245	3303.3	

*Indicates an F-ratio that satisfies a test of statistical significance at the .05 level with degrees of freedom as shown.

Note: N = 246.

APPENDIX B

CHILD CASE-RECORD DATA

		FOR CODING PURPOSES ONLY
A. IDENTIFYING INFORMATION	1	/__/
1. Project: (Circle appropriate response)	2	/__/
1. Operation Placement 2. Regional Adoption	3	/__/
2. Name of Child:______________________________		
I.D. #: /__/__/__/	4-6	/__/__/__/
3. Agency:______________________________		
I.D. #: /__/__/	7-8	/__/__/
4. Project Involvement: (Circle appropriate response)		
1. Yes 2. No	9	/__/
B. CHARACTERISTICS		
1. Date of Birth:		
/__/__/__/__/__/__/ month day year	10-13	/__/__/__/__/ month year
1. Age: /__/__/	14-15	/__/__/
2. Place of Birth: (Circle appropriate response)		
1. NY Metropolitan 2. NYS Other than NY metropolitan 3. Southern U.S. 4. Other U.S. 5. Puerto Rico 6. Other Carribbean/Latin American 7. Europe 8. Other 9. Unknown	16	/__/

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3. Sex: (Circle appropriate response)

   1. Female
   2. Male 17 ☐

4. Religion: (Circle appropriate response)

   1. Catholic
   2. Jewish
   3. Protestant
   4. Other
   5. None
   6. Unknown 18 ☐

5. Ethnicity: (Circle appropriate response)

   1. Black
   2. Puerto Rican
   3. Other Hispanic
   4. White
   5. Other ______________________________ 19 ☐

C. CURRENT PLACEMENT STATUS

1. Is the child legally free for adoption? (Circle appropriate response)

   1. Yes
   2. No
   3. Unknown 20 ☐

   Date legally freed: /__/__/__/__/__/__/
   month day year

   If yes, because the child was: (Circle appropriate response)

   1. A foundling/orphan*
   2. Voluntarily surrendered
   3. Legally abandoned*
   4. Permanently neglected*
   5. Unknown
   6. N/A - Child not free 21 ☐

   (* Court Decision)

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If no, because: (Circle appropriate response)

1. There was no plan to free the child
2. There was a plan getting ready to go to court
3. Court action pending to free the child.
4. Court action to free has been unsuccessful.
5. Voluntary surrender was being attempted.
0. N/A - Child free

22 ☐

2. Type of Current Placement: (Cirlce appropriate response)

    01. Foster care home (private family), county based.
    02. Foster care home (private family), agency or institution based.
    03. Pre-adoptive home.
    04. Agency-operated home (1-6 children: agency house parents).
    05. Group Home (7-12 children).
    06. Group residence (13-25 children).
    Institution (Write in Full Name) ____________________
    11. Other (specify) ____________________

23-24 ☐☐

3. Length of Time in Foster Care:

    Date of First Placement ENTERED ☐☐ ☐☐ ☐☐ (month day year)

    Number of Months in Care: ☐☐☐ months

25-27 ☐☐☐ months

4. Length of Time in Foster Care until legally freed:

    Number of Months: ☐☐☐ months

28-30 ☐☐☐ months

D. CURRENT MEDICAL STATUS

1. Indicate the existence of all current medical conditions and physical disabilities. For each one mentioned use one of the following codes:

    1. Severely affects the child.
    2. Moderately affects the child.
    3. Little or no effect on the child.
    4. Condition indicated, effects unknown or unspecified.

    If no medical report is available for the child, go to the next section and check here: ☐

31 ☐

	Effect	FOR CODING PURPOSES ONLY	
Visual Disability	☐	32	☐
Hearing Disability	☐	33	☐
Speech Disability	☐	34	☐
Congenital cardio-respiratory	☐	35	☐
Asthma	☐	36	☐
Allergies	☐	37	☐
Other cardio-respiratory	☐	38	☐
Gastro-intestinal problem	☐	39	☐
Orthopedic handicap	☐	40	☐
Cerebral Palsy	☐	41	☐
Epilepsy	☐	42	☐
Minimal brain damage	☐	43	☐
Other neurological	☐	44	☐
Diabetes/hypoglycemia	☐	45	☐
Sickle-cell anemia	☐	46	☐
Other illness or injury (specify)			
________________________________		47	☐
Other physical problem (specify)			
________________________________		48	☐
No Physical Problems (Code 5)	☐	49	☐

E. PSYCHIATRIC OR PSYCHOLOGICAL STATUS

Indicate the existence of all psychiatric or psychological diagnoses. Use one of the following codes to indicate the source of each diagnoses. If "other" be sure to specify.

1. Psychiatrist
2. Psychologist
3. Other (Specify in each case)

		Diagnosed By	FOR CODING PURPOSES ONLY	
	If no psychiatric or psychological diagnosis is included in the record, go to the next section and check here: ☐		50	☐
1.	Normal or near normal	☐	51	☐
2.	Retardation: Severity not indicated	☐	52	☐
3.	Borderline mentally retarded (IQ = 68-83)	☐	53	☐
4.	Mildly retarded (IQ = 52-67)	☐	54	☐
5.	Moderately retarded (IQ = 36-51)	☐	55	☐
6.	Severely retarded (IQ = 20-35)	☐	56	☐
7.	Profoundly retarded (IQ = less than 20)	☐	57	☐
8.	Psychotic, including schizophrenic, autism, manic depressive, and paranoid states	☐	58	☐
9.	Neurotic, including anxiety, hysterical, phobic, obsessive compulsive, neurasthenic, depersonalization, and hypochondriacal	☐	59	☐
10.	Personality Disorders, including paranoid, cyclothymic, schizoid, explosive, obsessive, compulsive hysterical, asthenic, antisocial, passive aggressive and inadequate	☐	60	☐
11.	Sexual Deviations	☐	61	☐
12.	Drug Dependence	☐	62	☐
13.	Psycho-physiologic Disorders	☐	63	☐
14.	Special Symptons (specify) ____________________ ____________________	☐	64	☐
15.	Transient Situational Disorders, including adjustment reaction of infancy, childhood, or adolescence	☐	65	☐

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16. Behavior Disorders of Childhood and Adolescence, specifically:

a. Hyperkinetic Reaction	☐	66	☐
b. Withdrawal Reaction	☐	67	☐
c. Overanxious Reaction	☐	68	☐
d. Runaway Reaction	☐	69	☐
e. Unsocialized Aggressive Reaction	☐	70	☐
f. Group Delinquent Reaction	☐	71	☐
g. Other (specify)________________ ________________	☐	72	☐
17. Other (specify)________________ ________________	☐	73	☐
		74	☐☐☐
		thru	☐☐
		80	☐☐

F. OTHER REPORTED BEHAVIORS OR PROBLEMS

Indicate behaviors and problems reported other than in medical, psychiatric or psychological reports. For each behavior or problem indicate the source of the report by using one of the following codes:

1. Caseworker
2. Other agency worker
3. Placement source
4. Natural parents
5. Other (specify in each case)
6. Source unknown

		1	☐☐☐
		thru	
		6	☐☐☐
If none are indicated, check here ☐		7	☐
1. Behavior normal or near normal	☐	8	☐

			FOR CODING PURPOSES ONLY	
2.	Is withdrawn	☐	9	☐
3.	Has run away from home	☐	10	☐
4.	Has stolen from parents or others	☐	11	☐
5.	Gets in trouble because of sexual behavior.	☐	12	☐
6.	Has set fires; other destruction of property	☐	13	☐
7.	Is easily influenced by others	☐	14	☐
8.	Conflicts with parents	☐	15	☐
9.	Hallucinations	☐	16	☐
10.	Phobias,fears and/or nightmares	☐	17	☐
11.	Bedwetting (beyond 3 years old)	☐	18	☐
12.	Cruelty to others, animals	☐	19	☐
13.	Exhibitionistic	☐	20	☐
14.	Accident prone	☐	21	☐
15.	Assualtive (aggressive physicallly)	☐	22	☐
16.	Unusual sexual behavior	☐	23	☐
17.	Suicidal, self destructive	☐	24	☐
18.	Drugs	☐	25	☐
19.	Alcohol	☐	26	☐
20.	Resists adult authority	☐	27	☐
21.	Acts Out	☐	28	☐
22.	Other (specify)________________ ______________________________	☐	29	☐

APPENDIX C

PROSPECTIVE ADOPTIVE PARENT DATA

	FOR CODING PURPOSES ONLY	
A. Identifying Information	1	☐
1. Project	2	☐
1. operation placement		
2. regional adoption	3	☐
3. other source ________________		
2. Name ________________		
I.D. ☐☐☐	4-6	☐☐☐
3. Source		
1. unknown		
2. project activity ________________ specify		
3. other ________________ specify	7	☐
4. Type of Family		
1. single male parent (skip section C)		
2. single female parent (skip section B)		
3. husband and wife (do both sections)		
4. other ________________	8	☐
B. Male		
1. Date of birth ☐☐☐☐☐☐ mo. day yr.	9-12	☐☐☐☐
a. Age ☐☐	13-14	☐☐
2. Ethnicity		
1. Black		
2. White		
3. Puerto Rican		
4. Other Hispanic		
5. Other ________________	15	☐
3. Religion		
1. Catholic		
2. Jewish		
3. Protestant		
4. None		
5. Other ________________	16	☐
4. Education		
1. grade school or less		
2. some high school		
3. graduated high school		
4. some college		
5. finished college		
6. graduate work beyond college		
Total years of school completed ☐☐	17-18	☐☐

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5. Occupation ______________________________
   1. Professional, technical and kindred workers
      Managers, officials and proprietors
   2. Sales workers, clerical and kindred workers
   3. Craftsmen, foremen and kindred workers
   4. Laborers, farmers and service workers
   5. Not in labor force (does not mean unemployed)
   6. Unemployed
   7. Other ______________________________ 19 ☐

6. Income
   Gross annual income ☐☐,☐☐☐ 20-24 ☐☐☐☐☐

C. Female

1. Date of birth ☐☐☐☐☐☐ 25-28 ☐☐☐☐
   mo. day yr.

   a. Age ☐☐ 29-30 ☐☐

2. Ethnicity
   1. Black
   2. White
   3. Puerto Rican
   4. Other Hispanic
   5. Other ______________________________ 31 ☐

3. Religion
   1. Catholic
   2. Jewish
   3. Protestant
   4. None
   5. Other ______________________________ 32 ☐

4. Education
   1. grade school or less
   2. some high school
   3. graduated high school
   4. some college
   5. finished college
   6. graduate work beyond college
      Total years of school completed ☐☐ 33-34 ☐☐

5. Occupation ______________________________
   1. Professional, technical and kindred workers
      Managers, officials and proprietors
   2. Sales workers, clerical and kindred workers
   3. Craftsmen, foremen and kindred workers, operatives and kindred workers
   4. Laborers, farmers and service workers
   5. Not in labor force (does not mean unemployed)
   6. Unemployed
   7. Other ______________________________ 35 ☐

	FOR CODING PURPOSES ONLY
6. Income Gross Annual Income	36-40
D. Family Unit Data	
1. Years difference between ages of the husband and wife	41-42
2. Differences between the number of years of education of the husband and wife	43-44
3. Differences between religion 1. yes 2. no	45
4. Employment 1. wife works - husband does not work 2. wife does not work - husband works 3. both work 4. neither work 5. single parent	46
5. Combined income	47-51
6. Residence 1. rural 2. suburban 3. urban	52
E. Children in the Home	
1. Number of children in the home	53-54
Fill in for each child (if any) starting with oldest first. If none, skip to section F.	
2. First Child a. Date of birth (mo. day yr.)	55-58
b. Age	59-60
c. Sex 1. male 2. female	61
d. Status 1. natural 2. adopted 3. foster	62
3. Second Child a. Date of birth (mo. day yr.)	63-66

	FOR CODING PURPOSES ONLY
b. Age	67-68
c. Sex 1. male 2. female	69
d. Status 1. natural 2. adopted 3. foster	70
4. Third Child	
a. Date of birth (mo. day yr.)	71-74
b. Age	75-76
c. Sex 1. male 2. female	77
d. Status 1. natural 2. adopted 3. foster	78
	79-80
5. Fourth Child	1-6
a. Date of birth (mo. day yr.)	7-10
b. Age	11-12
c. Sex 1. male 2. female	13
d. Status 1. natural 2. adopted 3. foster	14
6. Fifth Child	
a. Date of birth (mo. day yr.)	15-18
b. Age	19-20
c. Sex 1. male 2. female	21

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d. Status
  1. natural
  2. adopted
  3. foster — 22 ☐

7. Sixth Child
  a. Date of birth ☐☐☐☐☐☐ — 23-26 ☐☐☐☐
     mo. day yr.
  b. Age ☐☐ — 27-28 ☐☐
  c. Sex
    1. male
    2. female — 29 ☐
  d. Status
    1. natural
    2. adopted
    3. foster — 30 ☐

F. Preferences in a Child

1. Age ☐☐ (take highest number) — 31-32 ☐☐
2. Sex
  1. male only
  2. female only
  3. no preference — 33 ☐
3. Religion
  1. only Catholic
  2. only Jewish
  3. only Protestant
  4. other
  5. no preference — 34 ☐
4. Ethnicity (circle all that apply)
  1. Black — 35 ☐
  2. White — 36 ☐
  3. Mixed — 37 ☐
  4. Puerto Rican — 38 ☐
  5. Oriental — 39 ☐
  6. Other — 40 ☐
5. Will you take a child with a handicap?
  1. yes
  2. no — 41 ☐
  a. Intellectual handicap? (slow)
    1. yes
    2. no — 42 ☐

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b. Emotional handicap?
   1. mild
   2. moderate
   3. severe
   4. none — 43 ☐

c. Physical handicap?
   1. remedial
   2. irremedial
   3. none — 44 ☐

6. If remedial
   0. does not apply
   1. involves some expense
   2. involves considerable expense — 45 ☐

7. If irremedial
   0. does not apply
   1. affects appearance
   2. affects physical and social functioning — 46 ☐

G. History of Contacts with Agencies

1. How many agencies have you previously been involved with in seeking adoption? — 47 ☐

☐

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